PLACE OF BIRTH 545-219-035-799

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1524 9th Ave. C St

Registration District No. 96 File No. 73131

Primary Registration District No. 1009 Registered No. 344

Hospital

FULL NAME OF CHILD Francis Maxine Emery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		one	yes	October 19 1919

FATHER	MOTHER
FULL NAME: Morris K Emery	FULL MAIDEN NAME: Gertrude Crane
RESIDENCE: Barview Oregon	RESIDENCE: Barview Oregon
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: newhampshier	BIRTHPLACE: Oregon
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Swanson M.D.

Lewiston Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11-7 1919 Dora E Bruce Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1959

265-120-035-279

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital White

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73132

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 345

FULL NAME OF CHILD Dale Rupert Koelzer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	10 (Month) 20 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. L. Koelzer.	FULL MAIDEN NAME	Edna Spiker.
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash.
OCCUPATION	Rancher.	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar S. White

R. C. Pauley Sec

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 11-9 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 73132
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: White Hospital
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home 1 Days
In THIS county years months 2 days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Lewiston

4. **FULL NAME OF CHILD** Dale Rupert Koelzer

5. **DATE OF BIRTH** (Month, day, year) 10-20-1919

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rupert Lewis Koelzer

11. Color or Race W

12. Age at time of THIS birth 24 yrs.

13. Birthplace Kutherville, Ida. (City or Town) (State or foreign country)

14. Exact Occupation Homesteading

15. Industry Business Butcher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Elizabeth Spiker

17. Color or Race W

18. Age at time of THIS birth 25 yrs.

19. Birthplace Ellensburg Wash. (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business was school teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20 o/o argyrol instilled in each eye

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 P.M. on the date and at the place stated above, and that personal particulars were furnished by Rupert L. Koelzer (First name) (Last name), who is related to this child as father (Mother, etc.)

MAY 25 1942

26. (a) MAY 20 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature E. L. White M.D. (D.O., Midwife, etc.)
and address Lewiston, Ida. Date 5-14-42

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they oc as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attend physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars requi by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of bi* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nu householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or priv institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such bi having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signat to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval t 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enac

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that p pose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other per charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to fil proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty o misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delive

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

815-227-035-842

Form V. S. No. 11-G—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73133

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Josepha

Registration District No. 96

Primary Registration District No. 1009

File No. .....

Registered No. 346

FULL NAME OF CHILD Elizabeth Emma Havens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct-27-1919

FATHER		MOTHER	
FULL NAME	Ora Evan Havens	FULL MAIDEN NAME	Emma Hussman
RESIDENCE	Clarkston, Wash	RESIDENCE	Clarkston, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Illnois
OCCUPATION	Bank cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston, Idaho.

Filed 11-9 1919 Evan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1944

318-130-035-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital Whites

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 73134

Primary Registration District No. 1009 Registered No. 347

FULL NAME OF CHILD Sherman Harold Taylor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	10 (Month) 30 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank H. Taylor	FULL MAIDEN NAME	Esther Williams
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ontario	BIRTHPLACE	Idaho
OCCUPATION	Brakeman	OCCUPATION	H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

P. C. Pauley Sec.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 11-9 1919 Susan E. Bruce
Registrar

dup of 1919-250753

293-231-035-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 73135

Primary Registration District No. 1009 Registered No. 348

FULL NAME OF CHILD Elizabeth Ann Sickinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct. 31, 1919

FATHER	MOTHER
FULL NAME: Adolph Sickinger	FULL MAIDEN NAME: Mabel Treadwell
RESIDENCE: Sweetgrass, Mont	RESIDENCE: Sweetgrass, Mont
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Austria	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John N Adler

(Physician or midwife)

Address Lewiston, Idaho

Filed 11-9-1919 Susan E. Bruce

Registrar

FEB 19 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 8 9 51 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 73135

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Sickinger (Name on Original Certificate) who was born (Was Born or Died) on Oct. 31, 1919 (Date of Event) in Lewiston, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Elizabeth Ann Sickinger
Mother's birthplace	Idaho	Wisconsin

Subscribed and sworn to before me this ..... day of ....., 19.....

X Signed Mabel Rose Sickinger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

FORM DH 60-155 CL 3/28/70 1 cc pd.

Letter from St. Joseph's Hospital, Lewiston, Idaho gives name as Elizabeth Ann Sickinger and was born in that hospital on Oct. 31, 1919. Signed by Lynn R. Petrie Medical Records Dept. Viewed by V.S.

OCT 21 1974

Census record for 1920, Nezperce, IDaho gives name as Elizabeth A. Sickinger daughter of Adolph and Mable Sickinger. viewed by V. S.

446-7[illegible]-255 [redacted]

PLACE [redacted]

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Wallace

Registration District No. 122

File No. 73136

No. ....., ... St.

Primary Registration District No. 2200

Registered No. [redacted]

Hospital .....

FULL NAME OF CHILD Alice Mary Duff

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	One (To be answered only in event of plural births)		Y	Sept (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward Duff	FULL MAIDEN NAME	Theresa Keefe
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Newfoundland	BIRTHPLACE	Newfoundland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. A. Dettmann

Physician (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Burke Idaho

Filed Oct 18 1919 H. C. Mawery Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

G 2 4 1973

893-224-040-742

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73137

County of Shoshone

City of Gem

Registration District No. 12

File No.

No. St.

Primary Registration District No. 2200

Registered No. 10

Hospital

FULL NAME OF CHILD ~~Anna Hilstrom~~ EINA MARJORIE HILLSTROM

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Oct 24th 1919 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Alfred ~~Hilstrom~~ Hillstrom	FULL MAIDEN NAME	~~Anna Mahi~~ Emelia Gustafson
RESIDENCE	Gem Ida	RESIDENCE	Gem Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	~~38~~ 35
BIRTHPLACE	Finnland	BIRTHPLACE	Finnland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician (Physician or midwife)

Address Wallace Ida

Filed Oct 26 1919 H. C. Mowery

Registrar

Given names added from a supplemental report.

19

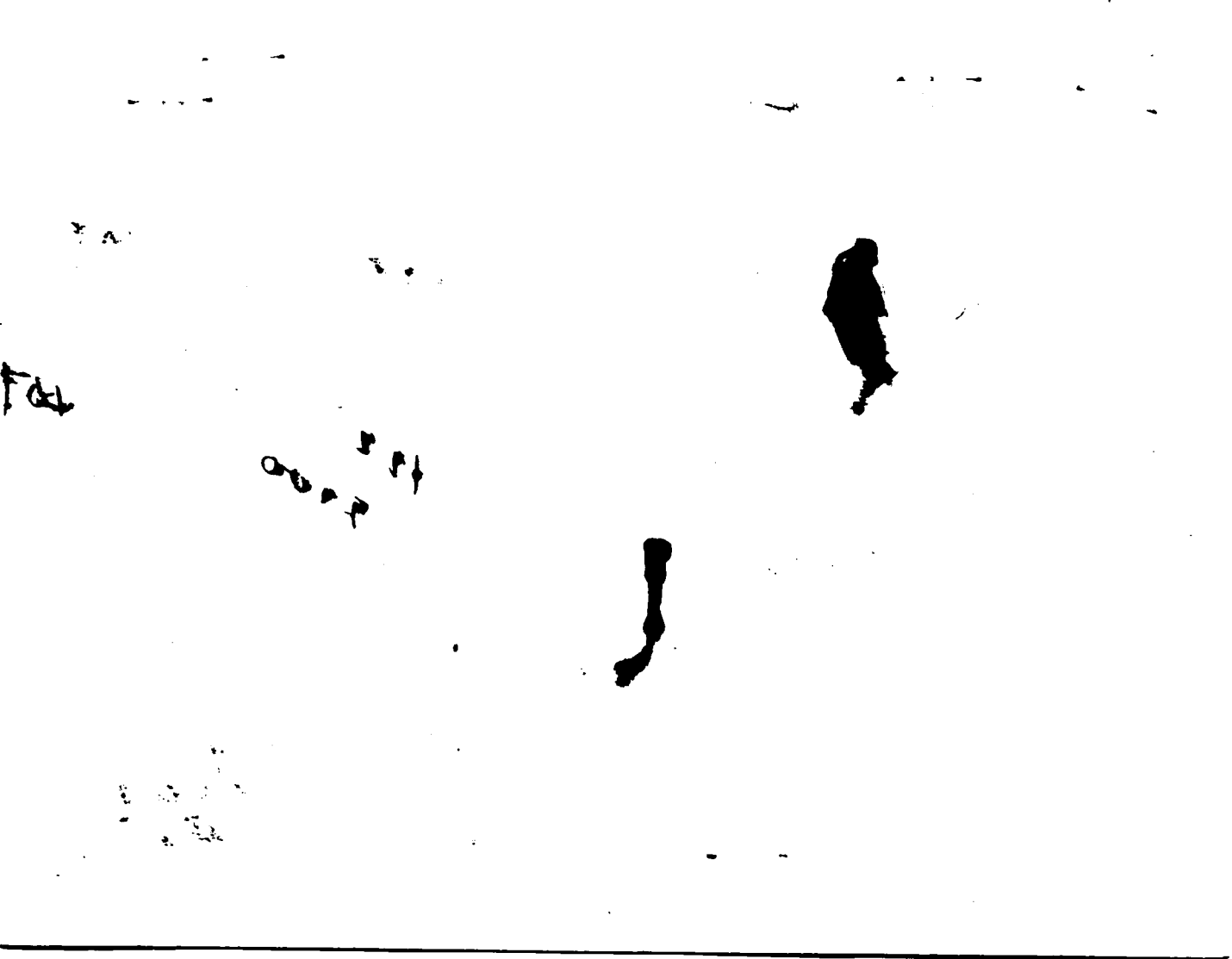
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



SEP 18 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 73137

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elna Marjorie Hillstrom (Name on Original Certificate) who was born (Was Born or Died) on October 24, 1919 (Date of Event)
in Gem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on August 1, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~mother's age~~ Surname	Hilstrom	Hillstrom
Name	Anna Error	Elna Marjorie
mother's name	(Emelia) Anna Mari Correct	Emelia Gustafson

Subscribed and sworn to before me this 13th
day of September, 1943

Anna Battich

Notary Public, residing at Wallace, Idaho

My commission expires September 4, 1945
(Seal)

Signed Emelia Hillstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gem, Idaho, P. O. Box 33
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of September, 1943

Anna Battich

Notary Public, residing at Wallace, Idaho

My commission expires September 4, 1945
(Seal)

Signed O M Gilbert
(Signature of Any Credible Person Other Than Previous Year)

Wallace, Idaho
(Street Address, City, State)

APR 7 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 73137

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Elna Marjorie Hillstrom (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's maiden name	Anna Maki	Emelia Gustafson
mother's age	38	35

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

385-224-040-373

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73138

County of Shoshone

City of Gem

No. _____ St.

Hospital _____

Registration District No. 122

File No. _____

Primary Registration District No. 7700

Registered No. 407

FULL NAME OF CHILD Marion Louise Therrien

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem.	✓		✓	yes	Oct 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Therrien	FULL MAIDEN NAME	Irene Cetnair
RESIDENCE	Gem, Ida	RESIDENCE	Gem, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:45 P. M. on the date above stated.

(Signature) L B Stockslager M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Oct 28 1919

H C McCarty
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 6 1968

MAY 1 3 1944

413-104-040-265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73139

County of Shoshone

City of Wallace Registration District No. 127 File No.

No. St. Primary Registration District No. 1700 Registered No. 157

Hospital

FULL NAME OF CHILD Louis Dalpez

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Nov 4 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Dalpez	Camilla Bonetti
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Italy	Italy
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4a M. on the date above stated.

(Signature) Dr Mowry Physicians

(Physician or midwife)

Address Wallace Ida

Filed Nov 7 1919 J. C. Mowry Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

614-101-041-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Mm-8-3-17

CERTIFICATE OF BIRTH 73140

County of Lincoln Wy.

City of ~~[illegible]~~ Jo. J. Driggs Idaho RD

Registration District No. 77 File No. 37

No. ..... St.

Primary Registration District No. 2176 Registered No. .....

Hospital .....

FULL NAME OF CHILD Morris Hyrum Waddell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Oct 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles F Waddell	FULL MAIDEN NAME	Bertha Stevens
RESIDENCE	~~Lincoln Co Wy~~ (Driggs Id.)	RESIDENCE	~~Lincoln Co Wy~~ Driggs Idaho RD
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancheman	OCCUPATION	House wife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Registrar

Filed Oct 29 1919 Martha Marker

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 20 1950

[redacted]

893-120-031-391

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C [illegible]

73141

Registration District No. 77 File No. 36

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD ? GRANT ROBERT Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept. 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William M Hill	FULL MAIDEN NAME	Tina Crandall
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Drayman	OCCUPATION	Drayman H M

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed Oct 29 1919 Martha Marker
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

JUN 9 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Nevada } ss.
County of Elko

Certificate No. 73141
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Grant Robert Hill (Name on original certificate) who Born (Was born or died) on September 20th 1919 (Date of event)

in Driggs, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true

facts as shown by Family record (Bible record, insurance policy, etc.) prepared on Oct 10 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Did not be [illegible] physicians name record and just cannot remember who it was — Dr Mentin was there and we decided it must have been he		

Subscribed and sworn to before me this 6th day of June, 1941

Notary Public, residing at Rio Tinto, Nevada

My commission expires June 9th 1941

[SEAL] Claud C. Gillham, Notary Public

Signed Mrs Zina Ro Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Sugar City, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

295-107-041-763

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73142

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

Registration District No. 77 File No. 38

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Edward D. Bieri

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept. 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward D. Bieri	FULL MAIDEN NAME	Goldie E. Gold
RESIDENCE	Tetonia	RESIDENCE	~~[illegible]~~ Tetonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Druggist	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Registrar

Filed Oct 29 1919 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1944

DECEASED

169-128-041-433

Amended 12-12-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73143
Local Reg. No.
Reg. Dist. No. 77

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Teton	a. STATE: Idaho b. COUNTY: Teton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Tetonia	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Tetonia
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Max	D.	Jorgensen

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Oct. 28, 1919

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	Neils	Willard	Jorgensen

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
35 YEARS	Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Sarah	Shaw	McCracken

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
33 YEARS	Utah			

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Caroline Rammell

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Tetonia, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 6, 1919

22. REGISTRAR'S SIGNATURE: Martha Marker

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

...in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 2 6 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 73143

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Jorgensen (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 28, 1919 (Date of Event)

in Tetonia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Max Donald Jorgensen
Full Name of Father	Willard Jorgensen	Neils Willard Jorgensen
Full Maiden Name of Mother	Sara Macken	Sarah Shaw McCracken

Subscribed and sworn to before me this 25th day of July, 19 66

Notary Public, residing at Driggs, Idaho

My commission expires 7-10-67

(Seal)

Signed X [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Tetonia Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Teton } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of July, 19 66

Notary Public, residing at Driggs, Idaho

My commission expires 7-10-66

(Seal)

Signed X [signature] (Signature of Any Credible Person)

Tetonia, Idaho (Street Address, City, State)

FORM DH 60-155

L 7-14-66. one copy pd. rec. #14538.

L.D.S. Church Record, Statement, made by Adrian H. Cook, Tetonia Ward Clerk gives full name as Max Donald Jorgensen, born Nov. 28, 1919 at Tetonia, Idaho to Niels Willard Jorgensen and Sarah McCracken, blessed Jan. 4, 1920, baptized Nov. 27, 1927 - viewed by V.S.

Another Child's Birth Certificate on file: (Idaho Birth) #De57-841 gives full name of parents as Neils Willard Jorgensen and Sarah Shaw McCracken - viewed by V.S.

Father's Death Certificate on file: (Idaho Death) #139143 gives full name as Neils Willard Jorgensen - viewed by V.S.

Mother's Death Certificate on file: (Idaho Death) #57-2183 gives full name as Sarah Shaw McCracken Jorgensen - viewed by V.S.

Military Record, U.S. Army, date of separation April 24, 1946, date of induction Aug. 18, 1942 gives full name as Max D Jorgensen, born Nov. 28, 1919 at Tetonia, Idaho - viewed by V.S.

as requested in letter received Dec. 9, 1966 full name has been added as Max D. Jorgensen -

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11—Rev 1-1

CERTIFICATE OF BIRTH 73143

County of Teton

City of Tetonia

Registration District No. 77 File No. 39

No. ..... St.

Primary Registration District No. 2176 Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Jorgensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Oct 28 1919

FATHER		MOTHER	
FULL NAME	Willard Jorgensen	FULL MAIDEN NAME	Sara Madsen
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Caroline Ramsdell

Midwife
(Physician or midwife)

Address Tetonia Idaho

Filed Nov 6 1919 Martha M. Markes
Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

K

ST

DEC 12 1966

261 - 219 - 030 - 319

Amended Feb 11, 1963

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 73144
Local Reg. No. 41
Reg. Dist. No. 2116

1. PLACE OF BIRTH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 16 Miles E. Salmon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 16 Miles E. Salmon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Siri
b. (Middle): Jasofina
c. (Last): Swanson

4. SEX: Female
5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH: (Month) October (Day) 19, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Gus
b. (Middle):
c. (Last): Swanson
8. COLOR OR RACE: White
9. AGE (At time of this birth): 36 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Sweden
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Clare
b. (Middle):
c. (Last): Carlson
13. COLOR OR RACE: White
14. AGE (At time of this birth): 30 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Sweden
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: F. S. Wright, M.D.
18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Salmon, Idaho
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 11-10-1919
20. REGISTRAR'S SIGNATURE: M. Dering Greene
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

...in the district where the birth occurred within ... to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[redacted] OF IDAHO
VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of 16 mile Salmon

Registration District No. 41 File No. 73144

No. ..... St.

Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD Sara Josefina Swanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct 19th 1919

FATHER		MOTHER	
FULL NAME	Gus Swanson	FULL MAIDEN NAME	Dora Carlson
RESIDENCE	16 mile E Salmon	RESIDENCE	16 mile E Salmon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Wright M D

Salmon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11/10 19 19 M. Dering Greene Registrar

5-Y-CO 38071

FORM V. S. NO. 278.

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City 16 miles E Salmon

Street and House No.

County Lemhi

Registered No. 13144

Registration Dist. No. 41

Sex of Child female

Date of Birth Oct (MONTH) 19 (DAY) 1919 (YEAR)

Father Gus Swanson (FULL NAME)

Mother Clara Carlson (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Sara Josefina Swanson (GIVEN NAME IN FULL) (SURNAME)

as reported by Clara Swanson (FATHER OR MOTHER)

M. Deming Greene (LOCAL REGISTRAR)

FEB 11 1963

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. #73144

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Sere Jasofina Swanson (Name on Original Certificate) who was born (Was Born or Died) on October 19, 1919 (Date of Event)

in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Sere Jasofina Swanson	Siri Jasofina Swanson

Subscribed and sworn to before me this 11 day of February, 1963

Hazel R. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1964

(Seal)

Signed Harvey A. Sortney

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2404 Stanley Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

On child's birth certificate gives name as Siri Josephine Swanson, On file Idaho File #53-4664. Viewed by V. S.

Marriage License of Harvey A. Fortney gives name as Siri Swanson. Viewed by V. S.

Married October 11, 1951 & Siri Swanson

466 - 217 - 030 - 291

PLACE OF BIRTH

County of Lemhi

City of 17 Mile E Salmon

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 73145

Primary Registration District No. 2116 Registered No. ____

FULL NAME OF CHILD Jessie Erma Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct 17th 1919

FATHER		MOTHER	
FULL NAME	Roy Moore	FULL MAIDEN NAME	Claudia Bradley
RESIDENCE	Lemhi Co	RESIDENCE	Lemhi Co
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Col
OCCUPATION	Farmer	OCCUPATION	Hswf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 P.M., on the date above stated.
(Born alive or stillborn)

(Signature) F S Wright M D

Salmon
(Physician or midwife)

Address ____

Filed 11/10 1919 M. Deering Greene
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FORM V. S. NO. 27B. 5M-12

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

7314

Place of Birth:
- City: 17 miles E Salmon
- Street and House No.:
- County: Lemhi

Registered No.:

Registration Dist. No.: 41

Sex of Child: female

Date of Birth: Oct (MONTH) 17 (DAY) 1919 (YEAR)

Father: Roy Moore (FULL NAME)

Mother: Claudia Bradley (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Jessie Erwina (GIVEN NAME IN FULL) Moore (SURNAME)

as reported by Roy Moore (FATHER OR M[redacted])

M. Dering Greene (LOCAL REGISTRAR)

493-226-030-235

Form V.S. No. 11-C—Rev-9-8-15

PLACE OF BIRTH

County of Lemhi

City of Baker

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73146

Registration District No. 41 File No. _____

Primary Registration District No. 2116 Registered No. _____

FULL NAME OF CHILD ANDREA MICHAELS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct 26 1919

FATHER		MOTHER	
FULL NAME	Frank Michaels	FULL MAIDEN NAME	Sexton Blessingame
RESIDENCE	Baker	RESIDENCE	Baker
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Ark
OCCUPATION	Teacher	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 a. M. on the date above stated.

(Signature) F S Wright M D

Baker

(Physician or midwife)

Address _____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 11/10 19 19 W. Dering Graham Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of LEMHI } ss.

Certificate No. 73146

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~unnamed Michaels~~ birth
(Birth or Death)
for unnamed Michaels (Name on Original Certificate) who born (Was Born or Died) on (Date of Event)
in Baker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by own knowledge (Bible Record, Insurance Policy, Etc.) prepared on March 9, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Andrea Michaels

Subscribed and sworn to before me this 9th day of March 1941

Maurine C. McBride
Notary Public, residing at Salmon, Idaho

My commission expires 11/24/44
(Seal)

Signed Nellie B. Neal Aunt of above.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of LEMHI } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of MARCH, 1941

Maurine C. McBride
Notary Public, residing at SALMON, IDAHO

My commission expires 11/24/44
(Seal)

Signed Cornelius Bloomquist
(Signature of Any Credible Person Other Than Previous Year)
GRANDMOTHER OF ABOVE

SALMON, IDAHO
(Street Address, City, State)

NOV 9 1971

537-226-020-537

Amended 1-4-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7317
Local Reg. No. 32
Reg. Dist. No. 34

1. PLACE OF BIRTH

a. COUNTY: Elmore

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Elmore

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Julia b. (Middle): Arrien c. (Last): Elguezabal

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 26, 1919

FATHER OF CHILD

7. FULL NAME a. (First): Alex b. (Middle): c. (Last): Arrien

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Spain

10. USUAL OCCUPATION: Sheepman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Felisa b. (Middle): c. (Last): Elguezabal

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Spain

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: B. W. Mather

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Mountain Home, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 9/28/1919

22. REGISTRAR'S SIGNATURE: B.W. Mather

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphilis performed?

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73147

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Julie Arrien (Name on Original Certificate) who was born (Was Born or Died) on Sept. 26, 1919 (Date of Event)

in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Julie Arrien	Julia Arrien Elguezabal
Full Maiden Name of Mother	Felicia Grabal	Felisa Elguezabal

Subscribed and sworn to before me this 29 day of Dec, 1964

Notary Public, residing at W. W. Benson

My commission expires .....
(Seal)

Signed Juan M. Arrien
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of Dec, 1964

Notary Public, residing at W. W. Benson

My commission expires Boise
(Seal)

Signed Fred I. Elguezabal
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 In Office 12-28-64. nm

2 cps for rec #8224

Cert. copy of another child's birth cert.-copy issued May 19, 1948 - gives full name of child as Juan Maria Arrien Elguezabal born Sept. 8, 1928 at Forua, Spain gives full name of father as Alejo Arrien and full maiden name of mother as Felisa Elguezabal - viewed by V.S.

Cert. copy of Marriage Record, State of Idaho, County of Elmore, married Jan. 30, 1915 at Mountain Home, Idaho gives full name of groom as Alejo Arrien and full name of bride as Felixa Elguezabal - cert. copy issued Dec. 29,d1964 - viewed by V.S. approved by Mr. Benson -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

VITAL STATISTICS

73147

PLACE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No.

No. — St. Primary Registration District No. 2020 Registered No. 32

Hospital —

FULL NAME OF CHILD Julie Arrien

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept. 26th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alex Arrien	FULL MAIDEN NAME	Felicia Grabal
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 7 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mathews

(Physician or ~~midwife~~)

Address Mountain Home

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 9/28 1919 B. W. Mathews

Registrar

S-Y-CO 38071

[redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCT 24 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 34 State File No. .....
Prim. Registration District No. 2020 Local Registrar's No. 19

2. FULL NAME OF CHILD Julia Arrien

3. Sex Female
If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —
6. Premature no Full term yes
7. Legitimate? yes
8. Date of birth Sept. 26th, 1919 (Month, Day, Year)

FATHER
9. Full name Alex Arrien
10. Residence (usual place of abode) (If non-resident, give place and State) Mountain Home Idaho
11. Color or race W | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) 36 Spain
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. as above
16. Date (month and year) last engaged in this work January 1, 1923
17. Total time (years) spent in this work .....

MOTHER
18. Full maiden name Felicia Grabal
19. Residence (usual place of abode) (If non-resident, give place and State) Mountain Home Idaho
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Spain
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nitrate
28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now ~~living~~ 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation — months or weeks
30. Cause of Stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 7 15 A m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) B W Mather, M. D.
or ....., Midwife
Address ~~now~~ 1317 Alturas Boise Idaho

Give name added from a supplemental report .....
(Date of)
Registrar.

Filed ~~[illegible]~~ Oct 23, 1935 ~~193~~ [illegible] Registrar.

Copy

Box 2149

... amended
Secs 595 & 637 P. L. & R.
Unclaimed [ ] Refused [ ]
Unknown [ ]

To:

IDAHO

Contents—Merchandise 3rd or 4th Class Matter.

Postmaster—May be opened for Postal Inspection.

Return Postage Guaranteed.

Postmaster:—If not Delivered in ten days, check reason for non-delivery and return to us. Do not return before expiration of ten days, regardless of reason for non-delivery. See ...

MOUNTAIN HOME, IDAHO

Oct.23,1935

OCT 25 1935 RECEIVED

Bureau of Vital Statistics,

State House,

Boise, Idaho

Gentlemen:- Find check for 50¢ for which please forward Certificate of enclosed birth, which is required in Spain.

This certificate of birth is a correction of one previously filed, showing in error, that the child was a male. The original was filed Sept 28, 1919.

Sent Oct. 25, '35

Very Truly,

A.F.Anderson,
Registrar

JAN 4 1965

213 - 222 - 020 - 268

PLACE OF BIRTH

[redacted] IDAHO
[redacted] L STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Elmore

CERTIFICATE OF BIRTH 73148

City of Mtn Home Registration District No. 34 File No.

No. — St.

Primary Registration District No. 2020 Registered No. 39

Hospital

FULL NAME OF CHILD Catharine Elinor Bach

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	— (To be answered only in event of plural births)	—	yes	Oct. 22nd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	La Fayette Bach	FULL MAIDEN NAME	Edna Boyer
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 7.15 A. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.U. Mathews

(Physician or ~~midwife~~)

Address Mountain Home

Given names added from a supplemental report.

....., 19.....

Filed 10/26 1919 B.U. Mathews

Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1968

291-109-020-453

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home Registration District No. 34 File No. 73149

No. — St.

Primary Registration District No. 2020 Registered No. 34

Hospital

FULL NAME OF CHILD Frank Lawrence Brady

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	Sept 9th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	FRANK LAWRENCE BRADY	FULL MAIDEN NAME	Ruby Mellen
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nev.
OCCUPATION	Electrician	OCCUPATION	Bank Cashier

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 1.40 P. M. on the date above stated.

(Signature) B.W. Mathes

(Physician or midwife)

Address Mountain Home

Filed 9/11 1919 B.W. Mathes
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. ..... St. .....

(If born in hospital or institution give name.)

Correction in Name of child and Father

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

JUL 21 1941

CERTIFICATE OF BIRTH

Registration District No. 34 State File No. .....

Prim. Registration District No. 2020 Local Registrar's No. 34

FULL NAME OF CHILD Frank Lawrence Brady

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	September 9, 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Frank Lawrence Brady	FULL MAIDEN NAME	Ruby Mellen
Residence (Usual place of abode)	Mountain Home, Idaho	Residence (Usual place of abode)	Mountain Home, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	33 (Years)	Age at last Birthday	33 (Years)
Birthplace (City and State or County)	Idaho	Birthplace (City and State or County)	Nevada
Occupation	Electrician	Occupation	Bank Cashier

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive XXXXX at 1:40 P. M. on the date above stated.

(Signature) B.W.Mather

(Physician XXXXXX)

Address Mountain Home, Idaho

Filed Sept. 11, 19 B.W.Mather Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Correction made July 19, 1941.

A.B. Anderson Registrar

243-120-020-358

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73150

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34 File No.

Primary Registration District No. 2020 Registered No. 40

FULL NAME OF CHILD Butler, Jack Louis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	10 (Month) 20 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. J. Butler	FULL MAIDEN NAME	Irene Lehman
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Pa
OCCUPATION	Laborer	OCCUPATION	Hwife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mtn Home Ida

Filed 11/10 1919 B. W. Mather Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

FULL NAME OF CHILD

Sex of Child

FATHER

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

ORIGINAL RECORD
COPYRIGHT 1921 BY STATE OF IDAHO
ALL RIGHTS RESERVED

596-212-020-165

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH 73151

County of Elmore

City of Mountain Home Registration District No. 34 File No.

No. — St.

Primary Registration District No. 2020 Registered No. 37

Hospital —

FULL NAME OF CHILD Betty Ervin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Oct. 12th 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Paul Ervin	Verna Florence Jones
RESIDENCE	Indian Cove	Indian Cove
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Ind.	Ohio
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

(Physician or ~~midwife~~)

Address Mountain Home

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 10/15 19 19 B. W. Mather
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 9 1944

DECEASED

867-105-020-591

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

73152

CERTIFICATE OF BIRTH

County of Elmore

City of Grand View

Registration District No. 34 File No.

No. — St.

Primary Registration District No. 2020 Registered No. 38

Hospital —

FULL NAME OF CHILD Linell Hopkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—	—	—	yes	Oct. 5th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Carl Hopkins	FULL MAIDEN NAME	Agnes Agatha Eral
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kans.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Hwife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 30 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mather

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Mountain Home

Filed 10/5 1919 B.W. Mather
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-125-020-866

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Pine

No. — St.

Hospital —

Registration District No. 34 File No. 73154

Primary Registration District No. 2020 Registered No. 30

FULL NAME OF CHILD John Howard

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	~~eighth~~	yes	May 25th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Howard	FULL MAIDEN NAME	Annie Howard
RESIDENCE	Pine	RESIDENCE	Pine
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Indianapolis Indiana	BIRTHPLACE	Joplin Missouri
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 10.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Letta A Deckard

Attending (~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed 10/5 19 Bee Mather

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 19[illegible]

113-218-020-285

Form V. S. No. 11-C—20m-8-15-18

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **73155**

Registration District No. 34 File No.

Primary Registration District No. 2020 Registered No. 35

FULL NAME OF CHILD Jackson, Barbara Kay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	9 18 1917

FATHER		MOTHER	
FULL NAME	Robert P Jackson	FULL MAIDEN NAME	Velma Shelton
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Sheep Camp Tender	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans M D
(Physician or midwife)

Address Mtn Home Ida

Given names added from a supplemental report ..... 19.....

..... Registrar

Filed 9/20 19 19 B W Walker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 18 1967

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number and in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER		
RESIDENCE			RESIDENCE			
COLOR	AGE AT LAST BIRTHDAY	(Years)	COLOR	AGE AT LAST BIRTHDAY	(Years)	
BIRTHPLACE			BIRTHPLACE			
OCCUPATION			OCCUPATION			

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Given names added from a supplemental report

19 ..... Address .....

Filed ..... 19 ..... Registrar

MARGIN RESERVED FOR BINDING

WHEN PLAYING WITH UNFADING INK THIS IS A PERMANENT RECORD

Form V. S. No. 11-C—20m-2-15-12

891-218-020-447

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 73156

County of Elmore

City of Mtn Home

Registration District No. 34

No. — St.

Primary Registration District No. 2020

Registered No. 33

Hospital —

FULL NAME OF CHILD Gloria Virginia Grazabal

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	—	2	yes	Sept. 18th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Augustin Grazabal	FULL MAIDEN NAME	Francisca Muguira
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Keeps

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 11:15 A. M. on the date above stated.

(Signature) B. W. Walters

(Physician or Midwife)

Address Mountain Home

Filed 9/20 1919 B. W. Walters Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore

Certificate No. 73156

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Name (Name on Original Certificate) who was born (Was Born or Died) on Sept. 18 - 1919 (Date of Event)
in Mt. Home Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Gloria Virginia Yrazabal

Subscribed and sworn to before me this 12
day of July, 19 43.

Notary Public, residing at Mt. Home Ida
My commission expires 7/11 - '47.
(Seal)

Signed Francisca Yrazabal
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mt. Home Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of July, 19 43.

Notary Public, residing at Mt. Home Ida
My commission expires 7/11 - '47.
(Seal)

Signed Andrea Yrazabal
(Signature of Any Credible Person Other Than Previous Year)

Mt. Home Ida
(Street Address, City, State)

JUL 14 1943

155-101-042-294

[redacted] 25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 36

File No. 73157

No. ..... St.

Primary Registration District No. .....

Registered No. 67

Hospital Home

FULL NAME OF CHILD Dorance Levrell Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo. W. Jensen	FULL MAIDEN NAME	Jennie Simonsen
RESIDENCE	Hon	RESIDENCE	Hansen Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov. 6 1919 J. M. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO 27B. 5M-12-1

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Hansen

Street and House No.

County Twin Falls

Registered No. 67

Registration Dist. No. 36

Sex of Child Male

Date of Birth Aug. (MONTH) 30 (DAY) 1919 (YEAR)

Father George W. Jensen (FULL NAME)

Mother Jennie Simonsen (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Florence Lowell Jensen (GIVEN NAME IN FULL) (SURNAME)

as reported by Geo. W. Jensen (FATHER OR MOTHER)

J. [illegible] D. [illegible] (LOCAL REGISTRAR)

249-121-034-252

PLACE OF BIRTH

Form U. S. No. 11-C [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73158

County of Minidoka

City of Eden — Registration District No. 36 — File No.

No. ____ St. — Primary Registration District No. ____ — Registered No. 68

Hospital home

FULL NAME OF CHILD Dale F. Burckhalter

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct 21 1919

FATHER	MOTHER
FULL NAME: Frank Burckhalter	FULL MAIDEN NAME: Ethel Grace Sebering
RESIDENCE: Eden, Idaho.	RESIDENCE: Eden Idaho
COLOR: W — AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: W — AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: S. Dak.
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Oct. 30 1919 — Dr. J. M. Davis, Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DUP OF 19-286615

445-128-042-759

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Twin Falls,

City of Kimberly

No. ..... St.

Hospital home

Registration District No. 36

Primary Registration District No. .....

File No. 73159

Registered No. 69

FULL NAME OF CHILD Richard Harold Dunn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct. 28, 1919

FATHER

FULL NAME Charley C Dunn

RESIDENCE Kimberly, Idaho

COLOR W

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Kansas

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Hazel Mary Perkins

RESIDENCE Kimberly, Idaho.

COLOR W

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Kansas

OCCUPATION Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

(Signature) J. H. Davis

physician (Physician or midwife)

Address Kimberly, Idaho.

Filed Nov. 6 1919

J. H. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

JAN 27 1965

493-131-034-391

[redacted] OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73160

County of Minidoka

City of Eden Registration District No. 36 File No.

No. St.

Primary Registration District No. Registered No. 70

Hospital home

FULL NAME OF CHILD Robert Byron Mills

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct. 31 1919

FATHER		MOTHER	
FULL NAME	Terry E. Mills	FULL MAIDEN NAME	Emilie May Crandall
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Wn.
OCCUPATION	farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

(Signature) J. M. Davis

physician (Physician or midwife)

Address Kimberly, Idaho.

Filed Mar 6 1919 J. M. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

236-231-003-855

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73161

County of Bannock

City of Downey

No. ..... St.

Registration District No. 83

File No. .....

Primary Registration District No. 2160

Registered No. 57

Hospital .....

FULL NAME OF CHILD Baby Blaxham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	10 (Month) – 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Rich Thomas Blaxham	FULL MAIDEN NAME	Elsie Henderson
RESIDENCE	Downey Idaho	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kaysville Ut	BIRTHPLACE	Clifton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper N Paul (Physician or midwife)

Given names added from a supplemental report.

Address Downey Idaho

..... 19.....

Filed 11-10 1919 Casper N Paul Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHILD'S SURNAME, FATHER'S FIRST & SURNAMES, MOTHER'S MAIDEN SURNAME
AMENDED 07-29-2011 TG

954-130-003-866

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73162

County of Bannock

City of Swan Lake

Registration District No. 83 File No.

No. St.

Primary Registration District No. 2160 Registered No. 56

Hospital

FULL NAME OF CHILD John Lee Reddington REDINGTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	10-30-1917 (Month) (Day) (Year)

FULL NAME GEORGE FATHER REDINGTON Geo. Reddington	FULL MAIDEN NAME MOTHER HAWES Lucy Howes
RESIDENCE Swan Lake Ida	RESIDENCE Swan Lake Ida
COLOR White AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Payette Ut	BIRTHPLACE Swan Lake Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond

(Physician or midwife)

Given names added from a supplemental report.

Address Downey Idaho

19

Filed 11-10-1919 Casper Pond

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1942

DEC 3 1954

RECEIVED
JUL 27 2011

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 1919-073162
Date Filed 11/10/1919

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for John Lee Reddington (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10/30/1919 (Date of Event)
in Swan Lake (Bannock Co.) Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's surname	Reddington	Redington
mother's maiden surname	Howls	Hawes
father's first name	Geo.	George
father's surname	Reddington	Redington

Subscribed and sworn to before me this 18 day of July
Notary Public, [signature]
Residing at Franklin County
My commission expires 3-21-2017
(Seal) JODY RASMUSSEN NOTARY PUBLIC STATE OF IDAHO

Signature of Applicant Lee Redington
Street Address, City, State and Zip 130 Hall Hawes Dr Perry, Utah

SUPPORTING AFFIDAVIT OF A ~~SECOND~~ PERSON
(Must be completed ☐)
(Is not necessary ☒)

State of _____ } SS
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Signature of Applicant
Street Address, City, State and Zip

July 14, 2011 FIRST SECURITY BANK REQUEST FOR DISTRIBUTION LEE REDINGTON DATED 12-17-1990 VIEWED BY VS
SSA NOTICE OF CHANGE IN BENEFITS LEE REDINGTON DATED 02-06-1988 VIEWED BY VS
IDAHO DEATH CERTIFICATE LUCY ADDIE HAWES REDINGTON DIED 04-08-1988 VIEWED BY VS
IDAHO DEATH CERTIFICATE GEORGE A REDINGTON DIED 12-04-1990 VIEWED BY VS
IDAHO BIRTH CERTIFICATE #1924-118621 ALBERT REED REDINGTON BORN 01-24-1924 TO LUCY HAWES & GEORGE REDINGTON VIEWED BY VS

299-103-003-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Downey Ida Registration District No. 83

No. ..... St. Primary Registration District No. 9162

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73163

File No. .....

Registered No. 55

FULL NAME OF CHILD Rolland Edward Bright

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	11-3-19

FATHER		MOTHER	
FULL NAME	Jno Parley Bright	FULL MAIDEN NAME	Ellen C Anderson
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Richmond Ut	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Casper W Pond
(Physician or midwife)

Address Downey Ida

Filed 1-1-19 19.19

Casper W Pond
Registrar

413-109-003-133

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73164

PLACE OF BIRTH

County of Bannock

City of Swan Lake

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2160

Registered No. 53

Hospital

FULL NAME OF CHILD ~~Baby~~ Matkin Jr. George Oriel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
~~XXXX~~ ~~XXX~~ MALE		Yes	11-9-1919

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Geo ~~Allen~~ Quayle Matkin Jr		Julia C. Allen	
RESIDENCE	Swan Lake, Idaho	RESIDENCE	Swan Lake, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Hyde Park Ut.	BIRTHPLACE	~~Clifton~~ Afton ~~Idaho~~ Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond (Physician or midwife)

Given names added from a supplemental report.

Address Downey, Idaho

19

Filed 11-10 1919

Registrar

Registrar

MAPPING IN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 6 1958

OCT 1 5 1942

c.c. 4/23/41. wh

BUREAU OF VITAL STATISTICS BOISE IDAHO

AFFIDAVIT

4/16/41

RECEIVED

APR 17 1941

50 4 M.O

SWAN LAKE IDAHO

Mother maiden name
Julia Constance Allen
Born Afton Wyo.
Father Name
George Quayle Matkin
Born Hyde Park Utah;
The birthday certificate
wanted is for
George Orril Matkin
Born at Swan Lake Ida.
November 9. 1919.

PLEASE ADD his FULL NAME to CERTIFICATE # 73164

Julia C. Matkin
George Quayle Matkin

Subscribed & Sworn to Before Me This 16th Day
Of April - 1941 - [illegible] Notary Public
Bonner Idaho

714-207-003-855

name added 3-18-82

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Swan Lake

Registration District No. .....

File No. 73165

No. ..... St.

Primary Registration District No. .....

Registered No. 54

Hospital .....

FULL NAME OF CHILD Elaine Gambles

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	11-7-19

FATHER	MOTHER
FULL NAME Wm. C. Gambles	FULL MAIDEN NAME Fay Henderson
RESIDENCE Swan Lake Idaho	RESIDENCE Swan Lake Idaho
COLOR White — AGE AT LAST BIRTHDAY 29 (Years)	COLOR White — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Salt Lake City Ut.	BIRTHPLACE Swan Lake Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Casper W Pond
(Physician or midwife)

Address Downey Idaho

Filed 11-10-19 19 Casper W Pond Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-17-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAR 16 1982
Bureau of Vital Statistics

State of _____ } ss.
County of _____

Certificate No. 73165
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Gambles (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-7-19 (Date of Event) in Swan Lake (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Elaine Gambles

Subscribed and sworn to before me this 11 day of March, 19 82.
Notary Public, Darrell Burrell
Residing at Roberts Idaho
My commission expires July 1984
(Seal)

x Elaine Gambles Shuldberg
Signature of Applicant
Rt 1 Roberts, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Washington } ss.
County of Spokane

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 19 82.
Notary Public, Glenda Hamman
Residing at Spokane, Wash.
My commission expires May, 1983
(Seal)

1 cc pd

Olive Sparrow
Supporting Signature
N. 1017 Locust Spokane, Wa
Street Address, City, State

Marriage Certificate from State of Utah County of Cache gives Arlo Hansen Shuldberg and Elaine Gambles were married 9-15-37. Viewed by V.S.

MAR 18 1982

Family Record gives Elaine Gambles born 11-7-19 in Swan Lake to William C Gambles and Lillie Fay Henderson. Latest entry on family record dated 4-7-46. Viewed by V.S.

134-206-003-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73166

Registration District No. 83 File No. .....

Primary Registration District No. 2160 Registered No. 52

FULL NAME OF CHILD Baby Aldous

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Single	Yes	11-6-1917

FATHER		MOTHER	
FULL NAME	Chas. Franklin Aldous	FULL MAIDEN NAME	Anna Lowe
RESIDENCE	Downey Idaho	RESIDENCE	Downey, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Downey, Ida	BIRTHPLACE	Franklin, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed ..... 19.....

Casper Pond Registrar

MAR 19 1971

= NO FILE DATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415 - 108-003-364

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73167

County of Bannock

City of Downey

Registration District No. 83

File No.

No. St.

Primary Registration District No. 2660

Registered No. 46

Hospital

FULL NAME OF CHILD ~~Boyboy~~ Davis Reynold Emerson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		single	Yes	10-8 1919

FATHER		MOTHER	
FULL NAME	Reynold Davis	FULL MAIDEN NAME	Leona Tompson
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Brigham Ut	BIRTHPLACE	Downey Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report.

19

Registrar

Filed 10-31 1919

Registrar

NOV 29 1947

MAY 25 1948

789-112-003-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73168

County of Bannock

City of Downey

No. ..... St.

Registration District No. 83 File No. .....

Primary Registration District No. 9160 Registered No. 47

Hospital .....

FULL NAME OF CHILD Baby Christensen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Single	Yes	10-12 191 7

FATHER		MOTHER	
FULL NAME	Albert Christensen	FULL MAIDEN NAME	Phoebe M. Bowman
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Hyde Park Ut	BIRTHPLACE	Richmond Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Christensen

(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 19 19 Albert Christensen Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

OCT 27 1967

Amended 4/27/72
551-128-003-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of March Center

No. ..... St.

Hospital .....

Registration District No. 83

File No. 73169

Primary Registration District No. 2160

Registered No. 48

FULL NAME OF CHILD Kenneth Laurence Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10-28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Laurence C Evans	FULL MAIDEN NAME	Lucile Coffin
RESIDENCE	Arimo Idaho	RESIDENCE	Arimo Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Rockland Vt	BIRTHPLACE	Arimo Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Maid

Downey Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10-30 1919

Casper W Maid
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 4 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. APR 12 10 04 AM '72 Certificate No. 73169

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Baby Evens (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 28, 1919 (Date of Event)

in March Center, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Kenneth Laurence Evans
father's last name	Evens	Evans

Subscribed and sworn to before me this 10th day of April, 1972

Notary Public, residing at 930 Nth 9th

My commission expires 1976

(Seal)

Signed Leatha M Evans

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

228 S th Hayes, Pocatello, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1972

Notary Public, residing at 930 Nth 9th

My commission expires 1976

(Seal)

Signed Hazel M. Evans

(Signature of Any Credible Person)

P.O. Box 4296 Pocatello, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 3/13/72 1 b.C. pd rec# 33247

Diploma from Elementary School in Idaho gives name as Kenneth Evans. Dated May 21, 1936. Viewed by V. S.

APR 27 1972

Photo of back of parents' grave stone gives childdren's names as Helen Lucile, Born Dec. 2, 1916, Kenneth Laurence Evans born Oct. 28, 1919 and Laura Belle, Born Feb. 11, 1924. Viewed by V. S.

Photo of parents' grave stone gives father's name as Laurence Curtis Evans and mother's name as Mary Lucile Evans. Viewed by V. S. (Date on stone 1952.)

289224-003-652

Form V. S. No. 11-C—25m-9-6-17

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73170

Registration District No. 83 File No. .....

Primary Registration District No. 2060 Registered No. 49

FULL NAME OF CHILD Anna Julia Byington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	10-24 1919

FATHER		MOTHER	
FULL NAME	Willard S. Byington	FULL MAIDEN NAME	Lerette West
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Downey Ida	BIRTHPLACE	Logan Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caspar Maud

(Physician or midwife)

Given names added from a supplemental report.

Address Downey Ida

..... 19.....

Filed 10-30 1921 Caspar Maud

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1975

266-226-003-815

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73171

County of Bannock

City of Downey

No. ..... St.

Registration District No. 83 File No. .....

Primary Registration District No. 2168 Registered No. 50

Hospital .....

FULL NAME OF CHILD Baby Bowman Verla Gleness

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	10-26-1919

FATHER		MOTHER	
FULL NAME	Hyrum Bowman	FULL MAIDEN NAME	Ida Hancock
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Richmond Ut	BIRTHPLACE	Downey Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Maud

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Ida

Filed 10-30 1919

Casper Maud
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1951

249-215-003-294

Amended 11/5/71

Form V.S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73172

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83 File No. .....

Primary Registration District No. 2160 Registered No. 51

FULL NAME OF CHILD Marion Burton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10-15-1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm J. Burton	FULL MAIDEN NAME	Mary Simpson
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Bountiful Ut	BIRTHPLACE	Inkom Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Ward

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey Ida

Filed 10-30 1917 Casper Ward

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1967
FEB 17 1950

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 73172

County of ..... Date Filed .....

RECEIVED OCT 27 1971 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Baby Burton (Female) (Name on Original Certificate) who was born (Was Born or Died) on 10/15/1919 (Date of Event)

in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Marion Burton
Child's sex	M	Female

Subscribed and sworn to before me this 26th day of October, 1971

Colen H. Swenton Jr.

~~Notary Public~~, residing at Clerk of the district court

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Maurine Hughes

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of October, 1971

Colen H. Swenton Jr.

~~Notary Public~~, residing at Clerk of the district court

My commission expires .....

(Seal)

Signed Melba Jensen

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 10/22/71 nm

Identification Card from Gem State Mutual of Pocatello, Idaho gives name as Marion B. Draper. Beneficiary Earl D. Draper of Carol D. Chitwood. Relationship to the Insured: Children. Viewed by V. S. (dated 2-15-45. Policy No. 36470-E)

NOV 8 1971

Birth Certif. on file in Idaho, File No. 425726 for Carol Jean Draper born Spet. 5, 1946. Father's name given asn Ralph E. Draper and mother's name givesn as Marion Burton. Viewed by V. S.

653-108-
042-617

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

73178

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital Boyd

FULL NAME OF CHILD Baby Wells

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes,	10 8 1912

FATHER	MOTHER
FULL NAME: J. Frank Wells,	FULL MAIDEN NAME: Vera Waggson
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Iowa
OCCUPATION: Machinist.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct. 9th 1912, at 3.30A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C. Deane M.D.

Physician, (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 10 11 1912 John H. Caughlin

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

297-104-042-464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " " Registration District No. 37 File No. 73174

No. 72-2-2nd Ave

Hospital Wood Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Thomas Clinton Liggins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 4 1919

FATHER		MOTHER	
FULL NAME	Jerry Liggins	FULL MAIDEN NAME	Mary Douglas
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Gainesville	BIRTHPLACE	Rocky Ford Colo.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a. M. on the date above stated.

(Signature) T. S. Wasson

Physician

(Physician or midwife)

Address Twin Falls, Ida.

Filed Oct 7 1919 John F. Caughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-104-042-312

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

73175

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Norman C. Cicle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	10 (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jas Wm Cicle	FULL MAIDEN NAME	Gladys Cassiday
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	21
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Okla	BIRTHPLACE	Okla
OCCUPATION	Labr.	OCCUPATION	Hmf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Wasson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls, Ida

Filed Oct 1 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 22 2 51 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oklahoma } ss.
County of Payne County

Certificate No. 73175

Date Filed Oct 7, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Cicle (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 4, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	[redacted]
Charles Norman Cicle Son of Gladys Cicle Johnson		NORMAN CHARLES CICLE

Subscribed and sworn to before me this 26 day of March, 1971

Leona E. West

Notary Public, residing at Perkins, Okla

My commission expires February 10, 1972

(Seal)

Signed X Gladys Cicle Johnson Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Tryon Oklahoma R.R.1.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Payne

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of March, 1971

Leona E. West

Notary Public, residing at Perkins, Oklahoma

My commission expires February 10, 1972

(Seal)

Signed Mrs Cecil Henry
(Signature of Any Credible Person)

2227 E. 1st Perkins Okla
(Street Address, City, State)

FORM DH 60-155 CL 1/12/71 nm

Marriage License from Oklahoma gives groom's name as Norman Cicle and the bride's name as Carrie Carr. Dated Nov. 13, 1945. Viewed by V. S.

APR 5 1973

Honorable Discharge from the Army gives name as Norman C. Cicle born Oct. 4, 1919 date of separation Oct. 25, 1945. Viewed by V. S.

755-101-042-245

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73176

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Baby Gentry .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10 1 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Gentry	Lulu Burdin
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Mo.	Mo
OCCUPATION	Labor	Housework

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) 43 Mascon

(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 7 1919 John H. Coughlin

Registrar

MARGIN RESERVED FOR [illegible]
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMA[illegible]
N. B. In case of more than one child at birth a SEPARATE RETURN must be ma[illegible] and the number of each, in order of birth stated.

[redacted]

452
201-042
251

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73177

County of Twin Falls

City of Twin Falls Registration District No. 27 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Loretta Irene Des Jarlais

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct 1st 1919

FATHER		MOTHER	
FULL NAME	Alphonse G Des Jarlais	FULL MAIDEN NAME	Della Kearns
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White — AGE AT LAST BIRTHDAY 35 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa, Council Bluffs
OCCUPATION	Hodcarrier	OCCUPATION	House wife

Number of child of this mother, including present birth 21 Number of children of this mother now living, including present birth 21

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C M Gimms
Physician
(Physician or midwife)

Given names added from a supplemental report.

Loretta Irene 19

Address Twin Falls, Ida

Filed Oct 8 1919 John F. Caughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

85-9-203-092-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

File No. 73178

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD ~~[illegible]~~ CAROL BERNICE HEINRICH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	10 2 1919

FATHER		MOTHER	
FULL NAME	Chester Arthur Heinrich	FULL MAIDEN NAME	Viola Mills
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Hosp

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Ida

Filed Oct 7 1919 John F Caughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 73178

FEB 13

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Carol Bernice Heinrich (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct 1, 1919 (DATE OF EVENT)
in Twin Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct 10, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Heinricks	Carol Bernice Heinrich

Subscribed and sworn to before me this 7th
day of February, 19 42

F W Black
Notary Public, residing at Twin Falls
My commission expires January 16-1944
(SEAL)

Signed C A Heinrich (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 13 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 18 1942

951-201-042-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Boyd

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—[illegible]

73179

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Reat

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Reat, Albert, T.	FULL MAIDEN NAME	Fargo, Carolyn B.
RESIDENCE	Twin Falls, Idaho.	RESIDENCE	Twin Falls, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 48 (Years)	COLOR	White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Illinois.	BIRTHPLACE	South Dakota.
OCCUPATION	Salesman; (Farm Mach)	OCCUPATION	Housewife.

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct. 1st, 1919 at 2.30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane MD.

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho.

Filed 10/6, 19 1919 John F. Caughlin Registrar

..... Registrar

665-206-042 195

PLACE OF BIRTH name added 6/15/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-5-17

73180

County of Twin Falls

City of Twin Falls

No. 611 - 3rd East St.

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Virginia Arnell Owens

Sex of Child: Female

Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Oct 6 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME: Preston Burr Owens	FULL MAIDEN NAME: Gertrude Arnell
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Arizona	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:00 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H.N. Leete

Twin Falls Ida (Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Oct 7 19 19 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

6-12-64

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 73180

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Owens (Name on Original Certificate) who was born (Was Born or Died) on Oct. 6, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Baby Owens	Virginia Arnell Owens

Subscribed and sworn to before me this 5th day of April 1967
Frank E. Booth
Notary Public, residing at Twin Falls, Idaho
My commission expires May 2, 1967
(Seal)

Signed X Clifford A. Owens (BROTHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of April 1967
Frank E. Booth
Notary Public, residing at Twin Falls, Idaho
My commission expires May 2, 1967
(Seal)

Signed X Clarence L. Capps
(Signature of Any Credible Person)

302 - 6th ave East
Twin Falls, Idaho.
(Street Address, City, State)

FORM DH 60-155

1 copypd Rec. # 10047

Own childs birth certificate gives name of mother as Virginia Arnell Owens child born Feb. 16, 1951, certificate # 51-3503.
Viewed by V. S.

NOV 0 8 2000

Family Record issued Nov. 18, 1943, gives name as Virginia Arnell Owens. Record gives Oct. 6, 1919 as birthdate and Twin Falls as birth place.
Viewed by V.S.

JUN 15 1981

V

457-204-042-515

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 73181

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital Twin Falls County

FULL NAME OF CHILD Marguerite Jean Deppeler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
4		Yes	Oct 4 1919

FATHER		MOTHER	
FULL NAME	Warren Livingston Deppeler	FULL MAIDEN NAME	Velma Van Buswick
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	N.Y. City	BIRTHPLACE	Yakima, Wash.
OCCUPATION	Electrician	OCCUPATION	Stenographer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chouckak

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls, Ida

Filed Oct 9 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-128-042-596

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-O—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73182

County of Twin Falls

City of Twin Falls

No. 777 4th Av. West St.

Hospital

Registration District No. 27

Primary Registration District No. 1085

File No.

Registered No.

FULL NAME OF CHILD GILBERT FREDRICK WILLIAMS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	10 28 1919

FATHER		MOTHER	
FULL NAME	Williams, Frank T.	FULL MAIDEN NAME	Decker, Viola,
RESIDENCE	777 4th. Av. W'	RESIDENCE	777 4th. Av. W
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa,	BIRTHPLACE	Nebraska.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct. 28th. 1919 at 11.15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane MD.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho.

Registrar

Filed 10/29. 19.

John H. Cairghlin
Registrar

JAN 17 [illegible]

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-128-042-331

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73183

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ~~Rayburn~~ Rayburn KENNETH W. RAYBURN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct 28 19 19

FATHER		MOTHER	
FULL NAME	Harlan S. Rayburn RAYBURN	FULL MAIDEN NAME	Alice Clay
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	City Water Works	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Laughlin
Physician
(Physician or midwife)

Address Twin Falls, Ida

Filed Oct 28 19 19 John F. Laughlin
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls

Certificate No. 73183
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Kenneth William Rayburn (Name on original certificate) who born (Was born or died) on Oct 28th 1919 (Date of event) in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance policy (Bible record, insurance policy, etc.) prepared on March 13th 1942 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Rayburn	Kenneth W. Rayburn
Kenneth William Rayburn		

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed Mrs. Harlan S. Rayburn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

711-2nd Ave W. Twin Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of March 1942

Notary Public, residing at Twin Falls, Idaho
My commission expires July 8-1942.
[SEAL]

Signed Mrs. Harlan S. Rayburn
(Signature of any credible person other than the previous affiant.)

711-2nd Ave W.
(Street Address, City, State)
Twin Falls, Idaho.

Received for filing on By
(Registrar's signature)

Amended 2/13/69

239-125-042-236

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73184
Local Reg. No. 1085
Reg. Dist. No. 37

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: County

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hollister

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Leland b. (Middle): Wayne c. (Last): Strickling

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 25, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Chas. b. (Middle): Whitestein c. (Last): Strickling

8. AGE (At time of this birth): 48 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Boone, Iowa

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Nellie b. (Middle): Blanche c. (Last): Scott

13. AGE (At time of this birth): 43 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Bowling Greene, Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. W. Cleuchek

19. ADDRESS: Twin Falls, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 14, 1919

22. REGISTRAR'S SIGNATURE: John H. Coughlin

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES NO APPROXIMATE DATE

DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
FEB 6 1969
Bureau of Vital Statistics

State of Idaho
County of Gooding } ss.

Certificate No. 73184

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wayne Leland Strickling (Name on Original Certificate) who born (Was Born or Died) on Sept. 25, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Wayne Leland Strickling	Leland Wayne Strickling

Subscribed and sworn to before me this 8 day of March, 1963.
Loretta M. Strickling
Notary Public, residing at Wendell, Idaho
My commission expires 8/24/63
(Seal)

Signed Mrs Leland Strickland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August, 1963.
Loretta M. Strickling
Notary Public, residing at Wendell, Idaho
My commission expires 8/24/63
(Seal)

Signed Frances A. Strickling
(Signature of Any Credible Person)
Gooding, Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 6-1-60. nm

Social Security Card for Leland Wayne Strickling as viewed by V.S.

Certificate of graduation from Hollister High School for L. Wayne Strickling dated May 21, 1937 as viewed by V.S.

#96790 record of instrument being filed in county under name of Leland W. Strickling, dated April 23, 1946, as viewed by V.S.

Photostat of honorable discharge of Leland W. Strickling from the U.S. Army dated April 14, 1946 as viewed by V.S.

Enlisted Record and Report of Separation for Leland W. Strickling, dated April 14, 1946, as viewed by V.S.

Separation, original, and qualification record of Leland W. Strickling from the Army of the United States, dated April 14, 1946, as viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73184

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF ~~CHILD~~ Wayne Leland Strickling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 – 25 – 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Whitestein Strickling	FULL MAIDEN NAME	Nellie Blanche Scott
RESIDENCE	Hollister, Idaho	RESIDENCE	Hollister, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Boone Iowa	BIRTHPLACE	Bowling Green Iowa
OCCUPATION	Farmer	OCCUPATION	Teacher

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida

Filed Oct 14 1919 John H. Caughlin Registrar

..... Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Twin Falls

AUG 14 1967

FEB 14 1969

697-220-042-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital BOYD.

Registration District No. 37

Primary Registration District No. 1085

File No. 73185

Registered No. .....

FULL NAME OF CHILD Marjorie Helen Organ

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	10 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Organ, William M.	FULL MAIDEN NAME	Winders, Jenevive
RESIDENCE	Justamere Inn. Twin Falls,	RESIDENCE	Twin Falls, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Illinois.	BIRTHPLACE	Illinois.
OCCUPATION	Hotel Clerk.	OCCUPATION	Housewife.

Number of child of this mother, including present birth one. Number of children of this mother now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Oct 20th, 1919, 6 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane MD

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls, Idaho

Filed 10 7 24 1919 John F. Caughlin Registrar

APR 1 6 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

246-243-042-252

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Fairview Ave. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 73186

Primary Registration District No. 1285 Registered No.

FULL NAME OF CHILD Florence Alice Brooks.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	10 19 1919

FATHER		MOTHER	
FULL NAME	Fred Wm. Brooks.	FULL MAIDEN NAME	Sarah Lavone Best.
RESIDENCE	Twin Falls, Idaho.	RESIDENCE	Twin Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Springfield, Neb.	BIRTHPLACE	Alliance, Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Lawyer, D. O.

Twin Falls, Idaho. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 31 19 19. John. F. Coughlin Registrar

S-Y-CO 38071

JAN 4 1972

454-126-042-415

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 1185

File No. 73187

Registered No. _____

Full Name of Child Robert Edward Meunier

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	10 26 1919

FATHER		MOTHER	
FULL NAME	Emery Meunier	FULL MAIDEN NAME	Mary Martell
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Chataqua Co. Canada	BIRTHPLACE	Pidgacht Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Alexander

Physician (Physician or midwife)

Address Twin Falls, Ida

Filed Nov 3 1919 John A. Coughlin Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1966

691-231-042-636

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-O—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital BOYD.

Registration District No. 37

Primary Registration District No. 1085

File No. 73188

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	10 (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Sabella, Francisco	FULL MAIDEN NAME	La Spere, Florentina
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Spain.	BIRTHPLACE	Spain.
OCCUPATION	Sheepman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct. 31st, 1919 11.45P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane MD

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho.

Filed 11/3 1919

John H. Carrighlin
Registrar

Registrar

DEC 2 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-213-042-213

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 550-4th West St.

Registration District No. 37 File No. 73189

Primary Registration District No. 1085 Registered No.

Hospital Merle

FULL NAME OF CHILD [redacted] Nelson

Sex of Child Female | Twin Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10-13-191[illegible] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Nelson	FULL MAIDEN NAME	Ruth Ballenger
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	AGE AT LAST BIRTHDAY (Years)	28
COLOR	white	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sweden	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Ida. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls Ida

Filed Nov. 4 19 13 John F. Cox Registrar

NOV 5 1948

DEC 3 1975

249-213-042-396

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 73190

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Emma Ruth Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct 13 1919

FATHER		MOTHER	
FULL NAME	Henry Smith.	FULL MAIDEN NAME	Lulu Cross
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls,
COLOR	white. AGE AT LAST BIRTHDAY 62 (Years)	COLOR	white AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Ind.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hio Clouchet V.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.

19

Registrar

Filed Nov 5 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
SEP 18 2 26 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 73190

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Smith (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 13, 1919 (Birth or Death) (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Emma Ruth Smith

Subscribed and sworn to before me this 7th day of August, 19 72

Notary Public, residing at Burl Idaho

My commission expires 11-17-75

(Seal)

(Older Sister)

Signed Verna E Black

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

316 - 13th Ave N Burl, Idaho 83316

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of August, 19 72

Notary Public, residing at Burl

My commission expires 11-17-75

(Seal)

(Brother)

Signed H. Melvin Smith

(Signature of Any Credible Person)

320 Main St E Burl Idaho 83316

(Street Address, City, State)

FORM DH 60-155 CL 7/31/72 nm RUSH!!

Insurance Policy from Industrial Whole Life Policy gives name as Emma Ruth Smith, Date of Issue Aug. 26, 1935. Age nest Birthday 16 years. Number of Policy 35684002. Viewed by V. S.

OCT 24 1972

Marriage Certificate from Idaho gi es groom's name as Harold C. Meyer and the bride's name as Emma Ruth Smith. Dated Oct. 1, 1938. Viewed by V.S.

551-112-042-251

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

Registration District No. 27

Primary Registration District No. 10.8.5

File No. 73191

Registered No. .....

FULL NAME OF CHILD ..... William Floyd Neale .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 12 1919

FATHER		MOTHER	
FULL NAME	Floyd W. Neale	FULL MAIDEN NAME	Ruth Beal
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 5 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1941

FEB 10 1942

FEB 18 1942

SEP 25 1941

DECEASED

253-122-042-693

PLACE OF BIRTH AMENDED MAY 12, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____ St.

Registration District No. 37 File No. 73192

Hospital ____ Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD William Henry Bell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 22, 1949

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: William Andrew Bell	FULL MAIDEN NAME: Stella May Willis
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Texas	BIRTHPLACE: Arizona
OCCUPATION: Ranch Labor	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Masson
(Physician or midwife)

Address Twin Falls

Give names added from a supplemental report.

...., 192....

Registrar.

Filed Nov. 8, 1949 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 12 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 73192

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Henry Bell (Name on Original Certificate) who was born (Was Born or Died) on October 29, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Photostat Copy of Family record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	October 29, 1919	October 22, 1919

Subscribed and sworn to before me this 31st day of March, 19 54

Notary Public, residing at Twin Falls

My commission expires 3-4-56

(Seal)

Signed Stella Bell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May, 1954

Notary Public, residing at Twin Falls Ida.

My commission expires June 12 1956

(Seal)

Signed Roy H Russell
(Signature of Any Credible Person)

833 Morningside Dr.
(Street Address, City, State)
Twin Falls, Idaho

DPH 52.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

- 73192

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD William Henry Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	10 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm Andrew Bell	FULL MAIDEN NAME	Stella May Willis
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Tex	BIRTHPLACE	Arizona
OCCUPATION	Ranch Labr.	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed Nov 8 1919 John F. Coughlin

Registrar

Registrar

MAR 25 1954

MAY 12 1954

693-225-042-386

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [illegible]

Registration District No. 37

Primary Registration District No. 1025

File No. 73193

Registered No. .....

FULL NAME OF CHILD ..... MARTHA MAY WILDER .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	10 25 1919

FATHER	MOTHER
FULL NAME: Jay Edgar Wilder	FULL MAIDEN NAME: Emma Thomas
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Mo.
OCCUPATION: Salesman	OCCUPATION: Keep.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. S. Mason

(Physician or midwife)

Address Twin Falls

Filed Nov 5 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1952

Amended 2-11-60

PLACE OF BIRTH

219-219-042-469

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 73194

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Shirley Barker

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct. 19, 1919

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Theodore Barker	FULL MAIDEN NAME: Maude Morrison
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Utah
OCCUPATION: Mechanic	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.S. Wassan

Physician (Physician or midwife)

Address Twin Falls

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Nov. 8, 1919 John F. Coughlin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Statement from Granite High School, Salt Lake City, Utah, Records - Della Thomson, Registrar - states that according to their records Shirley Barker was born Oct. 19, 1919 and that she graduated from the Granite High School on May 21, 1937 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

other document listed on back -

Certificate No. 73194

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Shirley Barker (Name on Original Certificate) who born (Was Born or Died) on Oct. 17, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Shirley Barker	Shirley [redacted] Barker
Date of Birth	Oct. 17, 1919	October 19, 1919

Subscribed and sworn to before me this 23rd day of November, 1959

Signed Joseph Theodore Barker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Salt Lake City, Utah
My commission expires March 6, 1962
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23RD day of November, 1959

Signed Clara Burke
(Signature of Any Credible Person)

Notary Public, residing at Salt Lake City, Utah
My commission expires March 6, 1962
(Seal)

271 Center St. Salt Lake City, Utah
(Street Address, City, State)

FORM DPH 55.M55

CL 11-17-59. 2 copies pd. receipt #17672.

Social Security Application, May 16, 1934 - #528-16-6472 - gives full name as Shirley Barker, born October 19, 1919 at Twin Falls, Idaho to Joseph Theodore Barker and Maude Emma Morrison - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73194

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Shirley Barker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	10 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Theodore Barker	FULL MAIDEN NAME	Maude Morrison
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Hwy.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Wasson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Nov 8 1919 John F. Caughlin

Registrar

Registrar

FEB 1[illegible] 1980

967-202-042-396

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 73199

Registered No. .....

FULL NAME OF CHILD MAXINE LAURENA ROGERS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	10 7 1919

FATHER		MOTHER	
FULL NAME	Wm Rogers	FULL MAIDEN NAME	Silvia Tiffany
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Mich
OCCUPATION	Cafe Manager	OCCUPATION	Hrof

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Masson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed Nov 8 1919 John H. Caughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone

Certificate No. 73195

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Maxine Laurena Rogers (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct 7th 1919 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Affidavit (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb 22 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Maxine Laurena Rogers

Subscribed and sworn to before me this 22
day of February, 1943.
Anna Battich
Notary Public, residing at Wallace
My commission expires 9/4/45
(SEAL)

Signed Sylvia J. Rogers.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Wallace Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of February, 1943.
Anna Battich
Notary Public, residing at Wallace
My commission expires 9/4/45
(SEAL)

Signed Dora C Clay.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Wallace Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 29 1969

FEB 27 1948

245-129-042-995

PLACE OF BIRTH

Amended 7/30/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 73196

Registered No. .....

FULL NAME OF CHILD Frank Rivett Kunze

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10 29 1919

FATHER		MOTHER	
FULL NAME	Edward Kunze	FULL MAIDEN NAME	Ivy Rivett
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mo	BIRTHPLACE	Mich
OCCUPATION	Carpenter	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Wasson

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls

..... 19.....

Filed Nov 8 1919 John F. Caughlin

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECO.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 25 8 35 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 73196
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Kunze (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 29, 1919 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	Frank Rivett Kunze

Subscribed and sworn to before me this 21 st day of June, 19 79.

Notary Public, Candi Barnett

Residing at 11925 Sudden Riverside

My commission expires _____

(Seal)

Eleanor F. Kunze
Signature of Applicant

45200 Cameron Rd. Temecula Calif.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 5/25/79 1cc pd.

Pacific National Life Assurance Co. Policy No. 84224. gives name as Frank Rivett Kunze. dated June 25 1952. viewed by V. S.

Honorable Discharge from the US Army gives name as Frank R. Kunze born Oct 29, 1919 at Twin Falls, Idao date od separation Oct 26, 1945. viewed by V. S.

JUL 30 197

STATE OF CALIFORNIA,

COUNTY OF Riverside } ss.

ON June 21st, 19 79,
before me, the undersigned, a Notary Public in and for said State, personally appeared

Eleanor F. Kunze

, known to me,
to be the person whose name subscribed to the within Instrument,
and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Candi Barnett

Notary Public in and for said State.

OFFICIAL SEAL
CANDI BARNETT
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires November 15, 1980

ACKNOWLEDGMENT—General—Wolcotts Form 233—Rev. 3-64

963-223-042-293

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73197

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	10 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy Sanford Rollins	FULL MAIDEN NAME	Nellie Kilbourne
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Herf

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Masson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Nov 8 1919 John F. Caughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-101-842-355

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73198

County of Twin Falls

City of " "

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1055

Registered No.

Hospital

FULL NAME OF CHILD Vernon Williams Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	12 1 19

FATHER		MOTHER	
FULL NAME	Arthur Rice	FULL MAIDEN NAME	Ruby Stewart
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 11 Aug. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T Mason

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

19

Registrar

Filed Nov 8 1919 John F. Caughlin

Registrar

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-4-44

964-101-042-249

Form V. S. No. 11-C—20m-6-8-17

PLACE OF BIRTH

County of Twin Falls,

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 1085

File No. 73199

Registered No.

FULL NAME OF CHILD Howard Burt Rodman.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 1- (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	A. John Rodman	FULL MAIDEN NAME	Emma Burt.
RESIDENCE	Twin Falls, Idaho.	RESIDENCE	Twin Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Canada.
OCCUPATION	Farmer.	OCCUPATION	Housewife,

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.

19

Registrar

Filed Nov 8 1919 John F. Carig Elin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

DEC 9 1941

Certificate No. 73195-

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Howard Burt Rodman (Name on original certificate) who born (Was born or died) on October 1st 1919 (Date of event)
in Twin Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother's (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Rodman	Howard Burt Rodman

Subscribed and sworn to before me this 6th
day of December, 1941

J. E. Roberts

Notary Public, residing at Twin Falls

My commission expires June 1st 1943

[SEAL]

Signed Emma Burt Rodman
Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2 Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on DEC 20 1941 By
(Registrar's signature)

Form V. S. No. 11-C—Rev. 9-6-27

PLACE OF BIRTH name added 11-14-83 dl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

231-223-042-556
No. ..... St.

Registration District No. 37

File No. 73200

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Louise Slack.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			Yes	Oct. 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank W. Slack.	Marie Aline Nefzger.
RESIDENCE	Twin Falls, Idaho.	Twin Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Nebraska,	Iowa.
OCCUPATION	Book-keeper.	Housewife,

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Weaver

Physician
(Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 8 19 14 John H. Gallagher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

11-3-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 73200
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Slack (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 23, 1919 (Date of Event)

in Twin Falls (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Helen Louise Slack

Subscribed and sworn to before me this 5th day of November, 1983

Notary Public, [illegible]
Residing at Twin Falls, Idaho
My commission expires 11/16/84
(Seal)

NOTARY PUBLIC - STATE OF IDAHO
Residing at Twin Falls, Idaho
Commission Expires 11/16/84

X Marie Schacks
Signature of Applicant
Woodstone Retirement Center
X 491 Caswell Ave. W.
Street Address, City, State
Twin Falls, Idaho 83301

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

X _____
Supporting Signature

X _____
Street Address, City, State

2 cc pd

Marriage Record for Charles Edward Allen and Helen Louise Slack married Twin Falls Idaho on July 3, 1938. Viewed by V.S.

NOV 14 1985

Church record from Page # 206 membership records of First Christian Church signed by Warren R Chapman Minister, lists member as Helen Louise Slack born Oct 23, 1919 became member Nov 1926. Viewed by V.S.

395-222-042-619

PLACE OF BIRTH name added 7/8/80

Twin Falls, Ida.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of ..... Registration District No. 37 File No. 73201

No. ..... St. Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen May Lind.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 22 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman G. Lind	Hazel Farrell.
RESIDENCE	Twin Falls, Idaho.	Twin Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	29
BIRTHPLACE	Utah.	Utah
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Weaver

Physician (Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 8 1919 John F. Cassidy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

AUG 7 1973

and

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

8 7 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73201

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lind (Name on Original Certificate) who was born (Was Born or Died) on Oct. 22, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Helen Mae

Subscribed and sworn to before me this 7th day of Aug., 1973
Florence Curtright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed John W. Sullivan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3432 So. 575 W. Bountiful, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of Aug., 1973
Ethel E. Mitchell
Notary Public, residing at Boise, Id.
My commission expires .....
(Seal)

Signed Gale B. Lind
(Signature of Any Credible Person)
916 N 14th Boise Idaho 83702
(Street Address, City, State)

FORM DH 60-155

Certif of birth from the LDS Church gives name as Helen May Lind born Oct 22, 1919 at Twin Falls, Idaho. father's name as Heramn G. Lind and mother's name as Hazel Alene Farrell. entered on record Dec 7, 1919. viewed by V. S.

JUL 9 1980

Certif of Birth from the LDS Church givesnameas Jon Michael Sullivan born Oct 24, 1939 at Twin Falls, Idaho. Father's na,e as John Wendell Sullivan and mother's name as Helen May Lind. enteredon record Dec 3, 1939. viewed by V/ S.

168-104-042-944

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73202

County of Twin FAlls,

City of

No. St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No.

Registered No.

FULL NAME OF CHILD Johnson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	Oct. 4- 1919

FATHER		MOTHER	
FULL NAME	Ralph C. Johnson.	FULL MAIDEN NAME	Laura E. Rudolph.
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Illinois,	BIRTHPLACE	Illinois.
OCCUPATION	Farmer,	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bor. Alive (Born alive or stillborn), at 1: P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Twin Falls, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.

19

Registrar

Filed Nov 8 1919 John F. Caughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 19-268844

294-203-042-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73203

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD LOIS VIDORA Brumet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Guy Brumet	FULL MAIDEN NAME	Blanche Parker
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Registrar

Filed Nov 8 1919 John F. Caughlin Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

FEB

State of Idaho } ss.
County of Twin Falls }

Certificate No. 73203

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Brumet, Lois Vidora (Name on Original Certificate) who born (Was Born or Died) on October, 3, 1919 (Date of Event)
in Twin Falls County (Place of Event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Brumet	Lois Vidora Brumet

Subscribed and sworn to before me this sixth
day of February, 19 42

Notary Public, residing at Filer, Idaho

My commission expires April 16, 1945
(Seal)

Signed Blanche Parker Brumet (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Filer, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 14 1942

133-230-042-565

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 9-5-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73204

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Jennie Allen

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		Yes	10 30 1919

FATHER		MOTHER	
FULL NAME	Cameron B Allen	FULL MAIDEN NAME	Anna Vos
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Ogden, Utah
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Pike

Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 8 1919 John H. Caughlin Registrar

OCT 22 1942

JUL 7 1952

659-126-042-331

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Eden

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 73205

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10 26 1919

FATHER		MOTHER	
FULL NAME	Edgar Lee Ferris	FULL MAIDEN NAME	Belva Clark
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Wasson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Nov 8 1919 John F. Caughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FERIS

dup of 1919-335017

595-222-042-659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. Yakima St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]

Registration District No. 37 File No. 73206

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Doras Vining

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. R. Vining	FULL MAIDEN NAME	Nina Ferell
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E S Milford

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed Oct 23 1919 John F. Caughlin Registrar

Registrar

JUN 10 1976

[redacted] 653-219-028-235

BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. 805 Young St.

Hospital at home

Registration District No. 29

File No. 73207

Primary Registration District No. 1030

Registered No. 118

FULL NAME OF CHILD Olive Adeline Welch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 19 1919

FATHER	MOTHER
FULL NAME Charles Henry Welch.	FULL MAIDEN NAME Dortha Evangeline Scruggs
RESIDENCE Friday Harbor, Wash.	RESIDENCE Friday Harbor, Wash.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Massachusetts	BIRTHPLACE Alabama
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) .....

Jno Busby M.D.
(Physician or midwife)

Address Coeur D'Alene

Filed Nov. 8 1919 Gus Nelson
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RS-229.028-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73208

County of Kootenai

City of Near Mica, Ida

Registration District No. 29 File No.

No. St.

Primary Registration District No. 2050 Registered No. 117

Hospital

FULL NAME OF CHILD Mary Louise Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 22 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Judd D. Reed	Bernice M. Fitzsimmons
RESIDENCE	Mica Idaho	Mica Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Michigan	Iowa
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Keys

(Physician or midwife)

Address Near Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Nov. 5 1919 Gus Nelson
Registrar

S-Y-CO 38071

K

NOV 17 1965

DECEASED

997-128-028-263

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73209

Registration District No. 29 File No. ____

Primary Registration District No. 1050 Registered No. 116

FULL NAME OF CHILD John Gerald Riplinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Apr. 28 1919

FATHER	MOTHER
FULL NAME Norbert Riplinger	FULL MAIDEN NAME Veronica A. Bottrell
RESIDENCE Coeur d'Alene, Ida.	RESIDENCE Coeur d'Alene
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Michigan
OCCUPATION Iron Worker.	OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

(Signature) Dr. J. C. Dwyer
D.O.
(Physician or midwife)

Address Coeur d'Alene, Idaho

Filed Nov. 5 1919 Gus Nelson
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 3 19..

MAR 4 1952

814-228-028-133

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

73210

Registration District No. 29

File No. ____

Primary Registration District No. 1050

Registered No. 115

FULL NAME OF CHILD Evelyn Ruth Hamilton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 28 1919

FATHER

FULL NAME Benjamin Hamilton

RESIDENCE Coeur d'Alene, Ida.

COLOR white

AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Indiana

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elsa M. Dilton

RESIDENCE Coeur d'Alene, Ida.

COLOR white

AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Missouri

OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

(Signature) J. C. Owen

Phys. (Physician or midwife)

Address Coeur d'Alene, Idaho

Filed Nov. 5 19 19 Gus Nelson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1943

133-120-028-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73211

County of Kootenai

City of Coeur d' Alene Registration District No. 29 File No.

No. ____ St. Primary Registration District No. 1050 Registered No. 114

Hospital

FULL NAME OF CHILD Gerald Oliver Acton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct. 20 1919

FATHER		MOTHER	
FULL NAME	Oliver A. Acton	FULL MAIDEN NAME	Ella Francis Davis
RESIDENCE	Coeur d' Alene	RESIDENCE	Coeur d' Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 11 29 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Dwyer

Phys. (Physician or midwife)

Address Coeur d' Alene, Ida.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Nov. 5 1919 Gus Nelson
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512 - 202-028-556

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73212

County of Kootenai

City of Coeur d'Alene Registration District No. 29 File No.

No. ____ St. Primary Registration District No. 1050 Registered No. 113

Hospital

FULL NAME OF CHILD Verna Grace ~~Farrell~~ Easley.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 2 1919

FATHER	MOTHER
FULL NAME Herley C. Easley	FULL MAIDEN NAME Mady M. Newell
RESIDENCE Coeur d'Alene, Ida.	RESIDENCE Coeur d'Alene Ida.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.03 P.M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer
Phys.
(Physician or midwife)

Address Coeur d'Alene, Ida.

Given names added from a supplemental report.

....19....

Filed Oct. 24 1919 Gus Nelson
Registrar

....
Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10

699-118-028-763

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

Registration District No. 29

File No. 73213

No. _____ St.

Primary Registration District No. 1050

Registered No. 112

Hospital _____

Full Name of Child Marcus DeLafayette Wright

SEX OF CHILD Male	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July (Month) 18 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Marcus Gordon Wright	FULL MAIDEN NAME Anna May Gotham
RESIDENCE Coeur d Alene Ida	RESIDENCE Coeur d Alene
COLOR White AGE AT LAST BIRTHDAY 22 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Rathdrum Idaho	BIRTHPLACE Coeur d Alene Ida.
OCCUPATION Mill man	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene Idaho

Filed Oct 24 1919 Geo Nelson

Registrar

Registrar

MAR

386-208-028-299

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29

File No. 73214

Primary Registration District No. 1050

Registered No. 111

Full Name of Child Ila Beth Thomas

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	one	one	Yes	Aug 8 1919

FATHER

FULL NAME: Arthur L Thomas

RESIDENCE: Coeur d Alene

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Lumberman

MOTHER

FULL MAIDEN NAME: Ida Burl Kirkpatrick

RESIDENCE: Coeur d Alene

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Michigan

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician

(Physician or midwife)

Address Coeur D'Alene Ida

Filed Oct 24 1919 Gus Nelson

Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 6 1946

255-120-028-385

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73215

Registration District No. 29

File No. _____

Primary Registration District No. 1050

Registered No. 110

Full Name of Child Charles Joseph Seeaar

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	DATE OF BIRTH
Male	one	one	yes.	Mch 20 19 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert John Seeaar	FULL MAIDEN NAME	Pearl Marie Imbaz
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Colorado
OCCUPATION	Sawing mill work	OCCUPATION	Housework

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden

Physician

(Physician or midwife)

Address Coeur D'Alene Ida

Filed Oct. 24 19 19 Geo. Nelson

Registrar

Given names added from a supplemental report.

_____ 19_____

_____ Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-211-028696

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73216

Registration District No. 29 File No. .....

Primary Registration District No. 1050 Registered No. 109

Full Name of Child Gladys Webster

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	one	one	Yes	June 11 1919

FATHER	MOTHER
FULL NAME Rome Webster	FULL MAIDEN NAME Lena Frost
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Teller	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Hoedemaker

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Coeur D'Alene Ida

Filed Oct 24 1919 Gus Nelson Registrar

APR 1 1960

718-229-028-267

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene Registration District No. 29 File No. 73217

No. ____ St. Primary Registration District No. 1050 Registered No. 108

Hospital ____

FULL NAME OF CHILD Jeanne Vernice Gaylord.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept. 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gerald E. Gaylord	Sadie A. Kopp.
RESIDENCE	Coeur d' Alene, Ida.	Coeur d' Alene, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	47	37
BIRTHPLACE	Minnesota	Nebraska
OCCUPATION	Engineer	housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

(Signature) Dr. J. C. Dwyer
Dr. Physician.
(Physician or midwife)

Address Coeur d' Alene, Ida.

Filed Oct. 24 1919 Gust Nelson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

NOV 8 1966

234-129-028-389

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev-6-6-15

CERTIFICATE OF BIRTH

73218

County of Kootenai

City of Coeur d'Alene, Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 107

Hospital

FULL NAME OF CHILD Robert Eugene Blubaugh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept. 29 1919

FATHER		MOTHER	
FULL NAME	Edward L. Blubaugh	FULL MAIDEN NAME	Laura A. Tyree
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Indiana	BIRTHPLACE	Wash.
OCCUPATION	Gardner.	OCCUPATION	housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) Dr. J. C. Dwyer
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida.

Filed Oct. 24 19 19 Gus Nelson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 36071

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted] State Board of Health

Record No. 73229

County of Kootenay

City or Town of Worley Ida.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registered No. 106

365-228-0281/239

Registration Dist. No. ..... (No. ....., ... St.; ..... Ward)

FULL NAME OF CHILD Baby Loe. } If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	/		/	yes	Sept 28, 1919

FATHER

Full Name: Chas. Loe

Residence: Worley, Ida.

Color: White

Age at last Birthday: 34 (Years)

Birthplace (State or Country): Mo.

Occupation: Farmer.

MOTHER

Full Maiden Name: Bernice Straight.

Residence: Worley

Color: White

Age at last Birthday: 31 (Years)

Birthplace (State or Country): Ill.

Occupation: H. W.

Number of child of this mother: 5

Number of children, this mother, now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was {born alive / ~~stillborn~~} † and that it occurred on Sept 28, 1919, at 4:06 A.M.

(Signature) Dr Claude A Lewis

(Physician or ~~Midwife~~)

Address Fairfield, Wash.

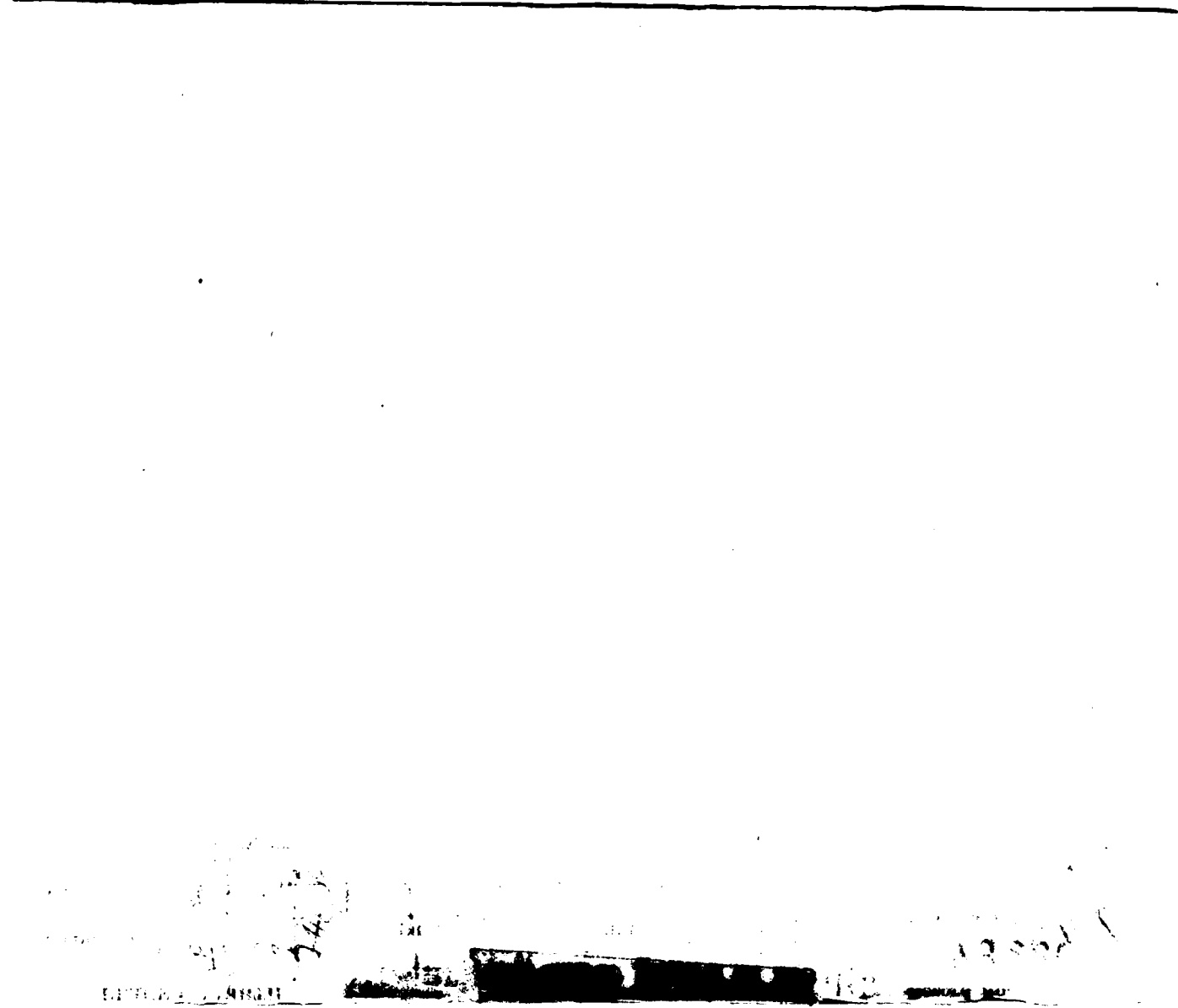
Filed Oct. 6, 1919 Gus Nelson Registrar.

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report .....

..... Registrar.

† Indicate which by drawing line through superfluous word.



759-216
003-239
PLACE [redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73221

County of Bannock.

City of Chesterfield.

No. ..... St.

Hospital .....

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Baby Perkins. (Fay Elizebeth).

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	October 16 1919

	FATHER		MOTHER
FULL NAME	Spencer Perkins	FULL MAIDEN NAME	Rae Still
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Chesterfield Idaho	BIRTHPLACE	Denver Colorado.
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar O. Linhardt

Physician
(Physician or midwife)

Given names added from a supplemental report.

November 7th 1919.

Address P.O.Box 177. Bancroft Idaho.

Filed Nov. 9 1919 O O Linhardt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1967

693-128-903-135

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73222

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Wellington P. Wilson Jr.,

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct. 28 19 19

FATHER		MOTHER	
FULL NAME	Wellington P. Wilson	FULL MAIDEN NAME	Elva Allen
RESIDENCE	Lund Idaho	RESIDENCE	Lund Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Cove Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.10 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Linhardt

Physician.
(Physician or midwife)

Address P.O.Box 177 Bancroft Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 9 19 19 O V Linhardt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 9 1970

SEP 1 3 1943

JUL 1 1944

234-120-004-799

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73225

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 33

File No. 391

Primary Registration District No. 2132

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	10-20 1919

FATHER		MOTHER	
FULL NAME	Joseph S. Stucki	FULL MAIDEN NAME	Mary Price
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Paris	BIRTHPLACE	Utah
OCCUPATION	City sheriff	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.W.

(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report.

..... 19.....

Filed 11-10 1919 [signature]

Registrar

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-223-004-285

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 33

Primary Registration District No. 2132

File No. 73226

Registered No. .....

FULL NAME OF CHILD JOYCE RICH

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 10 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lyman Holmes Rich	FULL MAIDEN NAME	Ada Shepherd
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P J Sutton

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris Ida

Filed 11-10 1919 P J Sutton

Registrar

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Cache } ss.

SEP 8 1942

Certificate No. 73226

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Joyce Rich (Name on Original Certificate) who was born (Was Born or Died) on October, 23, 1919 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by inusrance policy (Bible Record, Insurance Policy, Etc.) prepared on February, 1938 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Joyce Rich

Subscribed and sworn to before me this 5th
day of September, 1942

Notary Public, residing at Logan, Utah
My commission expires Jan. 9th, 1945.
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

718 No. 2nd East, Logan, Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Cache } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of September, 1942

Notary Public, residing at Logan, Utah
My commission expires 10-27-1945
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

335 W. 2nd No. Logan, Utah
(Street Address, City, State)

SEP 8 1942

235-125-004-844

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73227

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 33

File No. 400

Primary Registration District No. 2132

Registered No. .....

FULL NAME OF CHILD LOYD M. SLEIGHT

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		Second	yes	10-25-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard S. Sleight	FULL MAIDEN NAME	Laura Humbaker
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Paris	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5-

Number of children of this mother now living, including present birth 5-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 P. M. on the date above stated.

(Signature) R J Lutton

M W

(Physician or midwife)

Address Paris Ida

Filed 11-10 1919 R J Lutton

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 73227

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Loyd M. Sleight (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Oct. 25-1919 (DATE OF EVENT)
in Paris, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible and Church (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec 2nd 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Loyd M. Sleight
(Which twin is this — 1st or 2nd.)		

Subscribed and sworn to before me this 2nd
day of Dec 1942

Signed R. L. Sleight (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

J. C. Solum Justice Of The Peace
Notary Public, residing at Georgetown Ida

Georgetown, Idaho
(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2
day of Dec, 1942

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 9 1942

235-125-004-844

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 33

File No. 399

Primary Registration District No. 2132

Registered No. 73228

FULL NAME OF CHILD .....

Sex of Child Boy

Twin X Triplet or other? and Number in order of birth First (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 10 - 25 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard S. Sleight	FULL MAIDEN NAME	Laura Humhaker
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Paris	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris Ida

Filed 11-10 1919 R J Sutton

Registrar

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-229-004-168

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington Registration District No. 33 File No. 3 73229

No. ..... St. Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Female | ~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) - 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy Jacobson	FULL MAIDEN NAME	Grace Johnston
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Bloomington	BIRTHPLACE	Paris Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 40 P.M. on the date above stated.

(Signature) R J Sutton

M D (Physician or midwife)

Address Paris Ida.

Filed 11-10 1919 R J Sutton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-111-004-491

PLACE OF BIRTH

Form V. S. No. 11—Rev-6-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73230

County of Bear Lake

City of Bloomington Registration District No. 33 File No. 393

No. ____ St. Primary Registration District No. 2132 Registered No. ____

Hospital ____

FULL NAME OF CHILD Marsel Cowley Jacobsen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	(To be answered only in event of plural births)			yes	10 – 11 – 1919

FATHER		MOTHER	
FULL NAME	Joseph C. Jacobsen	FULL MAIDEN NAME	Ethel May Heaney
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Bloomington, Ida	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 15 P. M. on the date above stated.

(Signature) D. J. Sutton

M D (Physician or midwife)

Address Paris Ida

Filed 11 – 16 1919 D. J. Sutton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Montpelier Stake of Zion

SILAS L. WRIGHT,
PRESIDENT
LORENZO SWENSEN,
FIRST COUNSELOR
SIDNEY E. BURGOYNE,
SECOND COUNSELOR
J. VERN DUNN,
STAKE CLERK

Montpelier, Idaho

April 16, 1941.

To Whom It May Concern:

This is to certify that the records of the Montpelier First Ward, Montpelier Stake, show that Marsel Cowley Jacobsen, son of J. Cowley Jacobsen and Ethel Draney, was born at Bloomington, Bear Lake County, Idaho, ~~September~~ October 11th. 1919.

J. Vern Dunn,
Stake Clerk.

142-224-004-413

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73232

County of Bear Lake

City of Liberty

No. _____ St.

Hospital _____

Registration District No. 33 File No. 396

Primary Registration District No. 2132 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin X Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		Second	Yes	10 (Month) – 24 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lorry Lynn Auston	FULL MAIDEN NAME	Ethel C. Mathews
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton

MD (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Paris Ida

Filed 11-10 1919 R J Sutton Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-212-004-843

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Liberty

No. _____ St.

Hospital _____

Registration District No. 33

File No. 73233

Primary Registration District No. 2132

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	10 - 12 1919

FATHER		MOTHER	
FULL NAME	Alonzo H. Mathews	FULL MAIDEN NAME	Scharlet Holmes
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 35 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Sutton M.D.

(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 11-10 19 19

M. J. Sutton Registrar

S-Y-CO. 36071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-214-039-243

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73234

County of Power

City of .....

No. ..... St.

Hospital .....

Registration District No. 25 File No. 3

Primary Registration District No. 2072 Registered No. 120

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Kucera	FULL MAIDEN NAME	Mary Kucera
RESIDENCE	Power Co	RESIDENCE	Power Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Schilt MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 11/16 1919 R F Noth Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-213-039-699

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73235

County of Power

City of .....

No. ..... St.

Hospital Bekeman

Registration District No. 25 File No. 3

Primary Registration District No. 2072 Registered No. 119

FULL NAME OF CHILD Margaret Marie Wiebe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bernhard Wiebe	FULL MAIDEN NAME	Helena Friesen
RESIDENCE	Aberdeen, Ida	RESIDENCE	Aberdeen, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 11-10-1917 R. F. Noth

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 13 1954

219-107-037-253

PLACE OF BIRTH

County of Power

City of .....

No. ..... St.

Hospital Bethany

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 52 File No. 73236

Primary Registration District No. 5072 Registered No. 118

FULL NAME OF CHILD Herbert Wilbur Bartel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	Yes	Oct 7 1919

FATHER		MOTHER	
FULL NAME	Peter Bartel	FULL MAIDEN NAME	Sarah Becker
RESIDENCE	Aberdeen, Ida	RESIDENCE	Aberdeen, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kan.	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiefz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 11-10- 1919 R. F. Noth

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-205-039-231

PLACE OF BIRTH

Form V. S. No. 11-C—28m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73237

County of Power

City of

No. St.

Hospital

Registration District No. 25

File No. 3

Primary Registration District No. 2072

Registered No. 117

FULL NAME OF CHILD RAE SPARKS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul M. Sparks	FULL MAIDEN NAME	Lily Blaine
RESIDENCE	Power Co	RESIDENCE	Power Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Tex	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 11-10-1919

R F Noth

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Jackson }

Certificate No. 73237
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Spraks (Name on original certificate) who was born (Was born or died) on October 5, 1919 (Date of event)
in American Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bureau of Vital Statistics (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Spraks	Rae Sparks

Subscribed and sworn to before me this 16th day of January, 19 43

Notary Public, residing at Medford Oregon

My commission expires March 19, 1946

[SEAL]

Signed Lily Sparks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte 2 Box 435, Medford, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of January, 19 43

Notary Public, residing at Medford Oregon

My commission expires March 19, 1946

[SEAL]

Signed Paul Sparks
(Signature of any credible person other than the previous affiant.)

Rte 2 Box 435, Medford, Oregon
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JAN 20 1943

315 - 219 - 039 - 169

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

County of Power

City of Amer. Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73238

Registration District No. 25 File No. 3

Primary Registration District No. 2072 Registered No. 116

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Sept 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Gus Stanley	FULL MAIDEN NAME	Bessie Jorgwitch
RESIDENCE	Salt Lake City	RESIDENCE	Salt Lake City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Rumania
OCCUPATION	Horse trader	OCCUPATION	Fortune Teller

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 11/10 1919 R. F. Noth Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-101-039-921

PLACE OF BIRTH

County of Power

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C-[illegible] 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73239

Registration District No. 25 File No. 3

Primary Registration District No. 2072 Registered No. 115

FULL NAME OF CHILD Lee Roy Harold Nielsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Nielsen	FULL MAIDEN NAME	Lydia Isaak
RESIDENCE	Power Co	RESIDENCE	Power Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	S Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 11-10-1919 R F Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bingham, }

Certificate No. 73239

OCT 16 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Nielsen. (Name on Original Certificate) who was born (Was Born or Died) on September 1, 1919, (Date of Event)
in Power County, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Lee Roy Harold Nielsen

Subscribed and sworn to before me this 14th
day of October, 1943.
D. R. Slusher
Notary Public, residing at Aberdeen, Idaho.
My commission expires May 28, 1946.
(Seal)

Signed Lydia Nielsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Aberdeen, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bingham, }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of October, 1943.
D. R. Slusher
Notary Public, residing at Aberdeen, Idaho.
My commission expires May 28, 1946.
(Seal)

Signed Donald Nielsen
(Signature of Any Credible Person Other Than Previous Year)
Aberdeen, Idaho.
(Street Address, City, State)

OCT 22 1943

415-217-039-291

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73240

County of Power

City of American Falls

Registration District No. 25 File No. 3

No. ..... St.

Primary Registration District No. 2072 Registered No. 114

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Aug 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Augustine Clement Mannin	FULL MAIDEN NAME	Hannah Brazell
RESIDENCE	American Falls, Ida	RESIDENCE	American Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mertinson M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Aberdeen Ida

..... 19 .....

Filed 11-10-19 R. F. Noth

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-116-039-269

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73241

County of Power

City of American Falls

Registration District No. 25

File No. 3

No. ..... St.

Primary Registration District No. 2072

Registered No. 113

Hospital .....

FULL NAME OF CHILD ~~Albert~~ Roland Rossman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Frederick Rossman	FULL MAIDEN NAME	Catherine Borth
RESIDENCE	American Falls, Ida	RESIDENCE	American Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Martinus M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Aberdeen, Ida.

Registrar

Filed 11-10-1919 R. F. Noth Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 3 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Merced } ss.

Certificate No. 73241

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Albert Rossman (Name on Original Certificate) who born (Was Born or Died) on Aug 16, 1919 (Date of Event)
in American Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by baptism certificate (Bible Record, Insurance Policy, Etc.) prepared on Nov 2 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Albert Rossman	Roland Rossman

Subscribed and sworn to before me this 7th
day of March, 19 44.

Geo. G. Murray.
Notary Public, residing at Gustine. Cal

My commission expires 12-12-44
(Seal)

Signed Edward Rossman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2, Box 74, Gustine, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Merced } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of March, 19 44.

Geo. G. Murray
Notary Public, residing at Gustine, Cal

My commission expires 12-12-44.
(Seal)

Signed Ruth Rossman Mendes
(Signature of Any Credible Person Other Than Previous Year)

RI Box 76 Gustine Calif.
(Street Address, City, State)

MAR 14 1944

DEC 17 1974

617-214-039-684

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Power

City of Amer Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73242

Registration District No. 25 File No. 3

Primary Registration District No. 2072 Registered No. 112

FULL NAME OF CHILD PATRICIA ELIZABETH WAGSTAFF

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Aug 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tom Wagstaff	FULL MAIDEN NAME	Anna Johnson
RESIDENCE	Power Co	RESIDENCE	Power Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiltz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sept 15 1919

Registrar

Registrar

and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO, } ss.
County of POWER, }

Certificate No. 73242

Date Filed MAY 27 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Patricia Elizabeth Wagstaff, (Name on Original Certificate) who was born (Was Born or Died) on August 14th, 1919, (Date of Event) in American Falls, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by LDS Church Records (Bible Record, Insurance Policy, Etc.) prepared on September, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Patricia Elizabeth Wagstaff

Subscribed and sworn to before me this 21st day of May, 19 42.

Notary Public, residing at American Falls, Idaho.

My commission expires 10/22/1943
(Seal)

Signed Anna Johnson Wagstaff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

161 Tyler Street, American Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO, } ss.
County of POWER, }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of May, 19 42.

Notary Public, residing at American Falls, Idaho.

My commission expires October 22nd, 1943.
(Seal)

Signed V. J. Logan M.D.
(Signature of Credible Person Other Than Previous Year)

American Falls, Idaho.
(Street Address, City, State)

JUN 3 1942

666-206-039-253

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73243

County of Power

City of Ames Falls

Registration District No. 25 File No. 3

No. ..... St.

Primary Registration District No. 2072 Registered No. 111

Hospital .....

FULL NAME OF CHILD Orpha Wood

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Aug 6 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Wood	FULL MAIDEN NAME	Mary Kelly
RESIDENCE	Rockland, Ida	RESIDENCE	Rockland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11-10 1919 R. F. Koch

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1968

NOV 14 1973

755-104-039-544

PLACE OF BIRTH

County of Power

City of

No. St.

Hospital

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73244

Registration District No. 25 File No. 3

Primary Registration District No. 2072 Registered No. 110

FULL NAME OF CHILD Emmet Elsworth Geesey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug 4, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Wm Geesey	FULL MAIDEN NAME	Anna Laura Emmitt
RESIDENCE	Amer. Falls.	RESIDENCE	Amer. Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 11-10-1919 R. F. Noth Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-439351

758-231-039-458

PLACE OF BIRTH

Form V. [illegible] 8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73245

County of Power

City of .....

No. ..... St.

Hospital .....

Registration District No. 25 File No. 3

Primary Registration District No. 2072 Registered No. 109

FULL NAME OF CHILD Martha Lenore Gehring

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Gehring	FULL MAIDEN NAME	Elbina Mehlaff
RESIDENCE	Power Co	RESIDENCE	Power Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	[illegible] (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schulz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 11-10-1919 R F Noth

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 73245

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Martha Lenore Gehring
mother's name	Albina Melhaff	Elbina Mehlhaff

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Power }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th.
day of April, 1942

Signed Albina Gehring
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at American Falls, Idaho

Harrison St. #319
(STREET ADDRESS, CITY, STATE)

My commission expires Jan. 14th. 1945
(SEAL)

Received for filing on APR 29 1942 By .....
(REGISTRAR'S SIGNATURE)

MAY 8 1942

213-118-039-393

PLACE OF BIRTH

County of Power

City of Amer. Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25

File No. 73246

Primary Registration District No. 2072

Registered No. 108

FULL NAME OF CHILD Arthur Salmeier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 8 1917

FATHER		MOTHER	
FULL NAME	Conrad Salmeier	FULL MAIDEN NAME	Elizabeth Litz
RESIDENCE	Power Co	RESIDENCE	Power Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

(Signature) C. F. Helvey MD

(Physician or midwife)

Address .....

Filed 11-10-1917 R. F. Noth Registrar

.....19.....

..... Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/21/41 L. B.

SEP 14 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

794-107-039-813

PLACE OF BIRTH

County of Power

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73247

Registration District No. 25 File No. 3

Primary Registration District No. 2072 Registered No. 107

FULL NAME OF CHILD Charles Dan Pruitt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 7 1919

FATHER		MOTHER	
FULL NAME	Dock Pruitt	FULL MAIDEN NAME	Jennie Hatley
RESIDENCE	Pauline Ida	RESIDENCE	Pauline Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schieb MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 11-10-1919 K. F. North

Registrar

FEB 10 1970

595-114-093-845

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Valley

City of Cascade

Registration District No. 16

File No. 73254

No. ....., ... St.

Primary Registration District No. .....

Registered No. 225

Hospital .....

FULL NAME OF CHILD DARRELL L. VINSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
m			yes	10 14th 1919

FATHER		MOTHER	
FULL NAME	Jay Vincent	FULL MAIDEN NAME	Lila Hunter
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Waggle

Phys (Physician or Midwife)

Address Cascade Ida

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed 11—9 19 19 Mary McDonald Registrar

Deputy

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Grays Harbor }

Certificate No. 73254

Date Filed Jan 25 43

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Darrell L Vincent (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct 14, 1919 (DATE OF EVENT)
in Cascade, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by marriage certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 20, 1918 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Darrell L.
Surname	Vincent	Vinson
Date	Oct. 20th, 1919	Oct. 14, 1919

Subscribed and sworn to before me this 25th day of January 1943

M Jarchlo
Notary Public, residing at Aberdeen Wn

My commission expires May 1, 1945
(SEAL)

Signed Mrs J L Vinson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Westport Rt 1 Aberdeen Wn
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 28 1943

632-127-043-897

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Valley

City of

No. , St.

Hospital

Registration District No. 15 —

File No. 73255

Primary Registration District No.

Registered No. 224

FULL NAME OF CHILD Not named Ivil Jean Olson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	10 27 1919

FATHER		MOTHER	
FULL NAME	Frank Olson	FULL MAIDEN NAME	May Higgins
RESIDENCE	alpha	RESIDENCE	Cascade
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colo	BIRTHPLACE	Ida
OCCUPATION	contractor	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Moggle

Phys

(Physician or Midwife)

Given name added from a supplemental report

Address Cascade Ida

, 19

Filed 11—9 1919 Mary McDonald Dept Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

85-9-228-043-365

PLACE OF BIRTH Amended Feb 13,1961

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of

No. ____ St.

Hospital

Registration District No. 15

Primary Registration District No.

File No. 73256

Registered No. 224

FULL NAME OF CHILD Helen Dorothy Jean Herrick
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	October 28, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Laurins Herrick	FULL MAIDEN NAME	Essie Cantrall
RESIDENCE	Alpha	RESIDENCE	Alpha
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Calif.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. E. Noggle

Phys.
(Physician or midwife)

Address Cascade, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 11-9-1919 192.. Mary McDonald
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73256

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Helen Dorthy Jean Herrick (Name on Original Certificate) who was born (Was Born or Died) on Oct 27, 1919 (Date of Event),
in Valley co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Oct 27, 1919	Oct 28, 1919
Father's Name & Age	Lawrence Herrick-38	Laurins Herrick - Age 41
Mother's Name & Age	Esther Cantrall - 36	Essie Cantrall - Age 31

Subscribed and sworn to before me this ..... day of
....., 196/

Notary Public, residing at .....
My commission expires 1962
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 196/

Notary Public, residing at .....
My commission expires 1962
(Seal)

Signed Mrs. Helen D. Williams
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DN 60-155

Photocopy of page from Bible gives Helen Herrick born October 28, 1919,
Father: Laurins Herrick born April 27, 1878 - Mother: Essie Herrick born March 11, 1888
viewed by V.S.

Own child's birth certificate, Idaho #277376, gives name as Helen Dorothy Jean Herrick
age 19, birthplace Alpha, Idaho.

Corrections made at the request and insistance of Senator Nock, Valley Co., 2-13-61/

State of Idaho--------)
County of Ada---------)

I, Harry Nock, hereby certify that I am acquainted with Helen Herrick who was born on October 28, 1919 in Valley County, Idaho to Essie Cantrall and Laurins E. Herrick and that I am more than 10 years older than Helen Herrick.

Signed Harry Nock

Address Eastside Ida.

Subscribed and sworn to before me this 6th day of February, 1961.

[illegible].

Notary Public, residing at Boise.

My Commission expires Aug 1, 62.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

73256

County of Valley

City of

Registration District No. 15 —

File No.

No. , St.

Primary Registration District No.

Registered No. 224

Hospital

FULL NAME OF CHILD Helen Dorthy Jean Herrick not named

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Fm		yes	11 (Month) 27 (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Herrick	FULL MAIDEN NAME	Esther Cantrall
RESIDENCE	alpha	RESIDENCE	alpha
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Calif
OCCUPATION	farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Thoyle

Phys (Physician or Midwife)

Given name added from a supplemental report

Address Cascade Ida

, 19

Filed 11-9 1919 Mary McDonald Registrar

Registrar

S-Y CO., 16669

JUN 3 - 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-213-043-331

PLACE OF BIRTH

County of Valley

City of Cascade

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 73257

Primary Registration District No. ..... Registered No. 223

FULL NAME OF CHILD Anna Majine Kearney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	aug 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John C. Kearney	Mary May Clark
RESIDENCE	Cascade, Idaho	Cascade, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	21
BIRTHPLACE	Canada	Canada
OCCUPATION	Logger	House-wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) J. L McCauley

(Physician or midwife)

Address Cascade, Idaho

Filed 11-6 1919 Mary R. McDonald
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

APR 8 1964

494-110-014-512

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

S[redacted]AHO
BUREAU[redacted]TATISTICS
CE[redacted]BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 73258

No. _____ St.

Primary Registration District No. 1006

Registered No. _____

Hospital Nampa Genl

FULL NAME OF CHILD Francis John Drummond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Mallott Drummond	FULL MAIDEN NAME	Lillian Mary Vasser
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Denver Cal	BIRTHPLACE	Richardson Co Neb
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11a M. on the date above stated.

(Signature) H P Ross M.D.

(Physician or midwife)

Address Nampa Ida

Filed Nov. 10 1919 Pearle Dodds

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 2 0 1976

515-204-014-759

84

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73259

County of Canyon

City of Nampa

No. 117-14 Ave No St.

Hospital

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Margaret Ellen Van Houten

Sex of Child Fem | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Van Houten Elmer S.	FULL MAIDEN NAME	Edna Perry
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	So Dakota	BIRTHPLACE	So Dakota
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:00 P.M. on the date above stated.

(Signature) O. R. Meredith

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov. 16 1919 Pearle Dodds

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 4 1967

289-226-014-694

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 73260

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Marie Shrake

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Oct. 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Shrake	FULL MAIDEN NAME	Mae Widdop
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith M.D. By AR.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov. 10 1919 Pearle Dodds

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-114-014-551

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73261

County of Canyon

City of Nampa

No. 1103-11th — St. So

Hospital —

Registration District No. 7 — File No.

Primary Registration District No. 1006 — Registered No.

Full Name of Child Loyd Nelson Smith

SEX OF CHILD: Male

Twin or Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? yes

DATE OF BIRTH: 10 (Month) 14 (Day) 1917 (Year)

FATHER

FULL NAME: Sam N. Smith

RESIDENCE: Nampa Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Grace Kear

RESIDENCE: Nampa Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 — Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton M.D.

Nampa Idaho
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov. 10 1917 Pearle Dodder
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631-205-014-715

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital Nampa Gen.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—Rev-6-15-15

CERTIFICATE OF BIRTH

73262

Registration District No. 7

File No. _____

Primary Registration District No. 2006

Registered No. _____

Full Name of Child Elizabeth Florian

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
female	—		—	yes	Nov 5 1917

FATHER

FULL NAME W. L. Florian

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Bohemia

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Anna Pavlica

RESIDENCE Nampa, Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Bohemia

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 10 1917 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Anna Kolen, being first duly sworn, say that I am related.
(Related to (or) acquainted with)
Elizabeth Florian as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Clutton, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

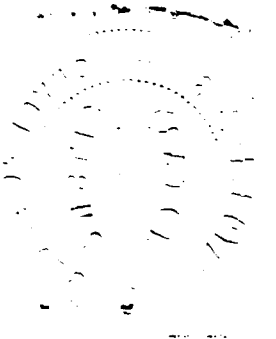
Anna Kolen Signature

R. 1 Nampa, Idaho P. O. Address

Subscribed and sworn to before me on this 8 day of July 1941

(SEAL) Notary Public, residing at Nampa, Idaho

7-14-41



523-120-014-258 City

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Sisters of Mercy

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73263

Registration District No. 7 File No. .....

Primary Registration District No. 1006 Registered No. .....

Full Name of Child .....

SEX OF CHILD: Boy	Twin Triplet or other? x and Number in order of birth x (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Oct. (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Estabrook	FULL MAIDEN NAME	Beulah Behle
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	Attorney at Law	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Still born, Premature (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Nampa Idaho

Filed Nov. 10 1919 Pearle Dodds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-128-014-391

Caldwell

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Sist. of Mercy

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73264

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

Full Name of Child .....

SEX OF CHILD: Boy	Twin Triplet or other? × and Number in order of birth × (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Oct 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Phillips	FULL MAIDEN NAME	Julia Liotard
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Nevada
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Nampa Idaho

Filed Nov 10 1919 Pearle Dodds
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-210-014-493

PLACE OF BIRTH

County of Canyon (Country)

City of Melba

No. RR No 1 St.

Hospital -

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

73265

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

Full Name of Child DOROTHY IRENE GOWEY

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl	X	X	Yes	Oct 10 19

	FATHER	MOTHER
FULL NAME	R. J. Gowey	FULL MAIDEN NAME Effie C Dickinson
RESIDENCE	Melba (Rural) Idaho	RESIDENCE Melba - (Rural) Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years) 42
BIRTHPLACE	Iowa	BIRTHPLACE Iowa
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 8:25 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Murray M. D.
(Physician or midwife)

Address Nampa Idaho

Filed Nov. 10 1919 Pearle Dodds
Registrar

Given names added from a supplemental report

.....19....

.....
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Owyhee } ss.

Certificate No. 73265

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Irene Gowey

Subscribed and sworn to before me this 29th day of September, 1943.

E. F. Forbes

Notary Public, residing at Caldwell

My commission expires June 15th 1944

(Seal)

Signed Mrs R. J. Gowey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Owyhee } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of September, 1943.

E. F. Forbes

Notary Public, residing at Caldwell

My commission expires June 15th 1944

(Seal)

Signed Mrs L. P. Corlett

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 2 1967

OCT 2 1943

261-217-014-236

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73266

County of Canyon

City of Nampa

No. — St.

Hospital Mercy

Registration District No. 7

File No.

Primary Registration District No. 2004

Registered No.

Full Name of Child Janice Swainston

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm James Swainston	FULL MAIDEN NAME	Edna Stoddard
RESIDENCE	Melba Idaho	RESIDENCE	Melba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Chicago Ill.	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. McLean

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address ... IDAHO

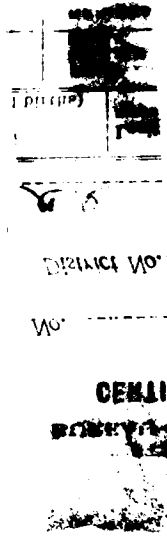
Filed Nov. 5 1919 Pearle Dodds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



SEP 15 1943

154-231-014-633 City

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 124 6th ave S St.

Hospital —

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 73267

Primary Registration District No. 1806 Registered No. ____

Full Name of Child Elizabeth Anselle Anderson

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl	X		X	Yes	Oct 31 1919

FATHER

FULL NAME: A L Anderson

RESIDENCE: Nampa Idaho

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Attorney at Law

MOTHER

FULL MAIDEN NAME: Mabel Otten

RESIDENCE: Nampa Idaho

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Nov 10 1919 Pearle Dadds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1952

789-117-014-793

Child's name added 11-9-88 tlc

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Rural St.

Hospital

Country

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 73268

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

Full Name of Child Glenn Eugene Phillips

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	x	x	Yes	Oct 17 19

FATHER

FULL NAME William M. Phillips

RESIDENCE Nampa Idaho.

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Ill

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Pilkington

RESIDENCE Nampa Idaho

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M.D.
(Physician or midwife)

Address Nampa Idaho

Filed Nov. 10 19 19 Pearle Dodds
Registrar

Given names added from a supplemental report

..... 19....

.....
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11-1-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 9 11 19 AM '88

State of _____ } ss.
County of _____

Certificate No. 73268
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Phillips (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 17, 1919 (Date of Event)

in Nampa (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Glenn Eugene Phillips

Subscribed and sworn to before me this 9th day of November, 1988.

Notary Public, Amy Kendall

Residing at Boise

My commission expires 7/94

(Seal)

X Glenn Eugene Phillips
Signature of Applicant

9902 Sunflower Ln Boise Id 83704
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida } ss.
County of Ada

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of November, 1988

Notary Public, Amy Kendall

Residing at Boise Id

My commission expires 7/94

(Seal)

X Nancy Kay Cly
Supporting Signature

4113 Vera St. Boise Id 83704
Street Address, City, State

Honorable Discharge papers from US Army gives name as Glenn E. Phillips. Dated [illegible] 21, 1944 viewed by tlc

Marriage record from Ada County, Idaho gives name as Glenn Eugene Phillips and bride's name as Vera Mae Corey. dated Sept. 20, 1945 viewed by tlc

NOV 8 1988

699-209-064-514

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73269

County of Canyon

City of Melba

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

Full Name of Child Marie Lucille Orr

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Nov. 4 1919

FATHER

FULL NAME Frank P. Orr

RESIDENCE Melba - R 2 # 1

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Grace Mary Vaughan

RESIDENCE Melba R. 2 # 1

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov. 6 19 19 Pearle Dodder

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 73269

Date Filed 6-4-42

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 11-4-1919 (DATE OF EVENT) in Medical Lake (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Marie Lucille Orr

Subscribed and sworn to before me this 14th day of February, 1942.

Marion E. Orr Boise Idaho

Notary Public, residing at 6-24-45

My commission expires 6-24-45

(SEAL)

Signed Grace Vaughan Orr (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed ..... (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

FEB 14 1942

JAN 7 1975

331-223-014-699

PLACE OF BIRTH

County of Canyon

City of Nampa R.F.D. 1

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73270

Registration District No. 7 **File No.** _____

Primary Registration District No. 2006 **Registered No.** _____

Full Name of Child Dorothy Ilene Clark

SEX OF CHILD Fem	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct. 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willis M. Clark	FULL MAIDEN NAME	Sophie Louise Wright
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar Filed Nov. 6 1919 Pearle Dodds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC...

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1947

615-113-014-669

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 1-6-15-18

CERTIFICATE OF BIRTH

73271

County of Canyon

City of Nampa

No. 315-10th ave N. St.

Registration District No. 7 File No.

Primary Registration District No. 154 Registered No.

Hospital

Full Name of Child Donald Joseph Fanbion

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Oct. 13 19

FATHER		MOTHER	
FULL NAME	Thomas H. Fanbion	FULL MAIDEN NAME	Annie Foremaster Fanbion
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Davis
Physician
(Physician or midwife)

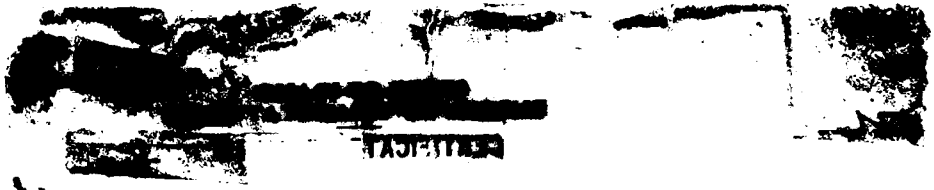
Address

Given names added from a supplemental report

..... 19....

Registrar

Filed Dec 5 1918 Pearle Dodds
Registrar



JAN 18 1955

3/22/41

713-230-023-563

PLACE OF BIRTH

Form V. S. No. 11—[illegible]-8-15

STATE C[illegible]
BUREAU OF VI[illegible]

CERTIFICATE OF BIRTH

County of Gem

City of Montour — Registration District No. 1020 — File No. 73272

No. _____ St. — Primary Registration District No. _____ — Registered No. _____

Hospital _____

FULL NAME OF CHILD Ernestine Adelle Gatfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	10/30/19[illegible]

FATHER		MOTHER	
FULL NAME	Harvey Allen Gatfield	FULL MAIDEN NAME	Marie Josephine Notand
RESIDENCE	Montour	RESIDENCE	Montour Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Stockgrower	OCCUPATION	House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 a M. on the date above stated.
(Born alive or stillborn)

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Filed 11-1 19 19 — J. L. Reynolds, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 73272

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ernestine Adulle Gatfield (Name on Original Certificate) who was born (Was Born or Died) on 10-31-19 (Date of Event) in Montour, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ernestine Adulle
Date of Birth	10-31-19	10-30-19

Subscribed and sworn to before me this 4th day of April, 1944

Paulene Aubrey

Notary Public, residing at Boise

My commission expires 4/14/47
(Seal)

Signed Marie J. Gatfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

APR 10 1944

NOV 2 1960

251-222-023-331

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett Registration District No. 10 20 File No. 73274

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Fern Alta Knateal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10-22-1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo Knateal	Ellen Clark
RESIDENCE	Emmett	Same
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	31 (Years)
BIRTHPLACE	Mo	
OCCUPATION	Common Labor	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Emmett Ida (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-22 1919 J. L. Reynolds Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1944

235-106-023-643

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73275

County of Ada

City of Emmett Registration District No. 1120 File No.

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Robert Stephens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	11-6-1917

FATHER	MOTHER
FULL NAME Mahlan Stephens	FULL MAIDEN NAME Olive Bertha Fuller
RESIDENCE Emmett	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Ft Michigan	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed 11/16/1917 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

315-208-023-465

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73276

County of Gem

City of Montour — Registration District No. 1020 — File No.

No. ____ St. — Primary Registration District No. — Registered No.

Hospital

FULL NAME OF CHILD Ruth Dell Cantrall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	10 8 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl L. Cantrall	Lola Pearl Montgomery
RESIDENCE	Montour Idaho	Montour Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Tazewell Co California	Platte Co, Missouri
OCCUPATION	Common Labor	Home mkr

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/20 1917 J. L. Reynolds Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 6 1964

189-230-023-663

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73277

County of Gem

City of Emmett Registration District No. 10 20 File No.

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Verneal Philips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	10 - 30 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Oliver Luther Philips	FULL MAIDEN NAME	Margaret Edna Wolcott
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12-30 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-2-1919 J. L. Reynolds Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1969

JUL 2 7 19

133-102-023-291

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 1090

Primary Registration District No. _____

File No. 73278

Registered No. _____

Full Name of Child _____

SEX OF CHILD: Male

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

DATE OF BIRTH: 7 (Month) 2 (Day) 19 (Year)

FATHER

FULL NAME: Edward Allen

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 60 (Years)

BIRTHPLACE: Maydock Canada

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sarah Bradford

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Emmett Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6.05 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/28 1919 J. L. Reynolds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-102-023-493

PLACE OF BIRTH

County of Elan

City of Emmett

No. R F D St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 73279

Registration District No. 102d File No.

Primary Registration District No. Registered No.

Full Name of Child Charles Wesley Lyon

SEX OF CHILD: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | DATE OF BIRTH: 7 (Month) 2 (Day) 19 (Year)

FATHER

FULL NAME: Cody Robert Lyon

RESIDENCE: Emmett

COLOR: white AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Great Bend Kans

OCCUPATION: Sawmill laborer

MOTHER

FULL MAIDEN NAME: Gertrude Miles

RESIDENCE: Emmett Idaho

COLOR: white AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Lewiston Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: Number of children of this mother now living, including present birth: 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/28 1919 J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1942

995-111-023-168

PLACE OF BIRTH

County of Ada

City of Emmett

No. R F D St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 73280

Registration District No. 1010 File No.

Primary Registration District No. Registered No.

Full Name of Child William Maxwell Irving

SEX OF CHILD: Male | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | DATE OF BIRTH: 7 (Month) 11 (Day) 19 (Year)

FATHER

FULL NAME: Thomas H Irving

RESIDENCE: Emmett Ida

COLOR: White AGE AT LAST BIRTHDAY: 49 (Years)

BIRTHPLACE: Newtonville Mass

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Grace Johnson

RESIDENCE: Emmett Ida

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Blackfoot Ida

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/28/ 1919 J H O Reynolds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 0 1972

DECEASED

393-212-023-213

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73281

County of Ada

City of Emmett

No. 1 St.

Registration District No. 1020

File No.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Mary Annabel Little

SEX OF CHILD Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | DATE OF BIRTH 7 (Month) 12 (Day) 19 (Year)

FATHER

FULL NAME John Little

RESIDENCE Emmett Idaho

COLOR White AGE AT LAST BIRTHDAY 49 (Years)

BIRTHPLACE Scotland

OCCUPATION Stock grower

MOTHER

FULL MAIDEN NAME Alpha Ballantyne

RESIDENCE Emmett Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Ola Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett

Filed 10/26 1919 J. L. Reynolds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1942

OCT 15 1941

[redacted] 8 8 1947

843-113-023-236

PLACE OF BIRTH

County of Gem

City of Emmett

No. RFD St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25

CERTIFICATE OF BIRTH

Registration District No. 1a10

File No. 73282

Primary Registration District No.

Registered No.

Full Name of Child JAMES WAYNE HULL

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	7 13 1919

FATHER

FULL NAME Jno Mirl Hull

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Mulhall Oklahoma

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Beulah Story

RESIDENCE Emmett Ida

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Boulder Colo

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 1.10 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/28 1919 J. L. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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Address

Filed

249-221-008-756

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

73283

County of Boise

City of Horseshoe Bend

Registration District No. 1010

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Lois Elsie Smidt

SEX OF CHILD F | Twin, Triplet or other? | and | Number in order of birth | Legitimate? Yes | DATE OF BIRTH 7 (Month) 21 (Day) 19 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Quincy H Smidt	FULL MAIDEN NAME	Bettie George
RESIDENCE	Horseshoe Bend	RESIDENCE	Horseshoe Bend
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Horseshoe Bend	BIRTHPLACE	Bloomfield Nebr.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 40 P M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

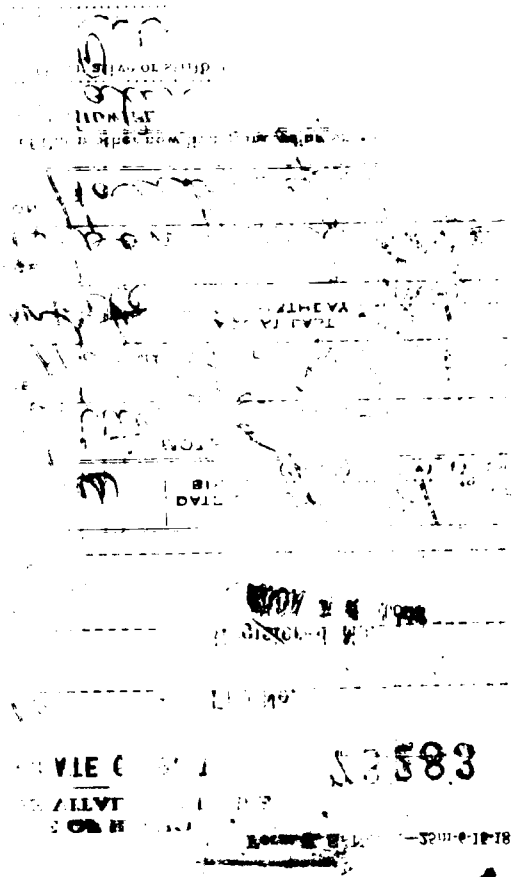
Address Emmett

Filed 10/28 1919 J L Reynolds Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING



NOV 2 4 1944

695-124-023-366

PLACE OF BIRTH

Form V. S. No. 11—2[illegible]-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73284

County of Ellen

City of Emmett

Registration District No. 1010

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Charles Robert Fredrick

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 7 (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas C Frederick	FULL MAIDEN NAME	Alice Toothman
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Temple Texas	BIRTHPLACE	Cushing OK
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Emmett Idaho

Filed 10/28 1919 J L Reynolds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Adams } ss.

Certificate No. 73284

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for unnamed Fredrick (Name on Original Certificate) who born (Was Born or Died) on 24th july 1919 (Date of Event)

in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Charles Robert Fredrick

Subscribed and sworn to before me this 16th day of September 1943

Notary Public, residing at Council, Idaho

My commission expires April 7th 1943

(Seal)

Signed Silas Fredrick father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fruitvale, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 28

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73285

County of Gem

City of Emmett

No. _____ St.

Registration District No. 10 20

Primary Registration District No. _____

Hospital _____

File No. _____

Registered No. _____

Full Name of Child WILLIAM STANLEY HOYT, JR.

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: 8 (Month) 1 (Day) 19 (Year)	

FATHER

FULL NAME: Wm Stanley Hoyt.

RESIDENCE: Emmett

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Coalburn Col

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Edna M Evens

RESIDENCE: Emmett

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Jamestown N.D.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R N Cummings

(Physician or Midwife)

Address Emmett

Filed 10/28 1919 J. D. Reynolds Registrar

JUN 1 9 1975

255-219
023 205

PLACE OF BIRTH [redacted]

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 1020

Primary Registration District No. .....

File No. 73287

Registered No. .....

Full Name of Child .....

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 8 (Month) 19 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Thos R. Kendall	FULL MAIDEN NAME Anna Kiefer
RESIDENCE Emmett Ida	RESIDENCE Emmett Ida
COLOR White AGE AT LAST BIRTHDAY 56 (Years)	COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Scotland Co Mo	BIRTHPLACE Barry Co Mich
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.40 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Registrar

Filed 10/28 1919 J L Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

KENDALL

dup of 1919-297926

319-217-023-295

PLACE OF BIRTH

Amended 12/15/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

73288

County of Elmore

City of Emmett

No. _____ St.

Registration District No. 10/10

File No. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Maxine Rozella Carlsen

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	Sept 17 1919

FATHER

FULL NAME: John B Carlsen

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Norway

OCCUPATION: Lumber grader

MOTHER

FULL MAIDEN NAME: Anna Boemmer

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Petersburg, Nebr.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:10 a.m. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. M. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/28 1919 J. A. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

12/8/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gem

Certificate No. 73288

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Carlson (Name on Original Certificate) who was born (Was Born or Died) on 9/17/19 (Date of Event) in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Carlson	Maxine Rozella Carlsen
Father's name	Carlson	Carlsen
Mothers maiden name	Bremer	Bremmer

Subscribed and sworn to before me this 8 day of December, 19 78

Eddie T. Reed

Notary Public, residing at Emmett, Idaho

My commission expires 11-15-1979

(Seal)

Signed Irma M. Carlsen - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

213 East 2nd st. Emmett, Idaho 83617
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of December, 19 78

Eddie T. Reed

Notary Public, residing at Emmett, Idaho

My commission expires 11-15-1979

(Seal)

Signed Kelly J. Hershfield
(Signature of Any Credible Person)

716 Williams Rd. Emmett, Idaho 83617
(Street Address, City, State)

DEC 1 5 1978

Certif of Baptism from St. Paul's churchin Nampa, Idaho gives name as Maxine Rosella Carlsen child of John Carlsen and Anna Bremmer bonr in Emmett, Idaon on Sept17, 1919. Baptized Nov 21, 1919 viewed by V. S.

Letter from Sacred Heart Parish, Emmett, Idaho stating that Maxine Rosella Carlsen daughter of John Carlsen and Ann Bremmer was confirmed in Sacred Heart Catholic Church, Emmett, Idaho on Feb 25, 1934 by Rev. Edward J. Kelly, Bishop of Boise. viewed by V. S.

Letter from Parkview Junior High schoo, Emmett, Idaho gives name as Maxine Carlsen born Sept 17, 1919. viewed by V. S.

383-220-023-299

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73289

County of Ada

City of Emmett — Registration District No. 1020 — File No.

No. ____ St. — Primary Registration District No. ____ — Registered No.

Hospital

Full Name of Child Dorothy Blanche Little

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	9 20 1919

	FATHER	MOTHER
FULL NAME	Henry J. Little	FULL MAIDEN NAME Blanche B Briant
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	35
BIRTHPLACE	Indiana	Kansas
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.55a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett

Filed 11/28 1919 J. L. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

DEC 1 2 1952

239-120-023-693

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73290

County of Ada

City of Emmett

Registration District No. 1020

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Franklin Adelbert Kline

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	9 20 1919

	FATHER	MOTHER
FULL NAME	Harold Leith Kline	FULL MAIDEN NAME Glenna M Williams
RESIDENCE	Emmett Idaho	RESIDENCE Emmett
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Turk Colorado	BIRTHPLACE Marion Ohio
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 50 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett

Filed 10/28 1919 J. L. Reynolds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265-129-008-845

name added 6-29-84 dl

PLACE OF BIRTH

Form V. S. No. 11—25m-6-16-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73291

County of Boise

City of Phoenixville

Registration District No. 1020

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child John Ransome Bonner

SEX OF CHILD male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 9 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank R Bonner	FULL MAIDEN NAME	Ida May Hunt
RESIDENCE	Placerville Ida	RESIDENCE	Placerville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Fargo N.D.	BIRTHPLACE	Winnipeg Manitoba
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 50 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Emmett

Filed 10/28 1919 J. L. Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated.

dup. of 1919-257572

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 28 1 53 PM '84

State of _____ } ss.
County of _____

Certificate No. 73291
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Bonner (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 29, 1919 (Date of Event)
in Placerville (Boise) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Bonner	John Ransome Bonner

Subscribed and sworn to before me this 26 day of June, 1984.
Notary Public, Gloria Gabriel
Residing at Spokane
My commission expires 2-4-85
(Seal)

John Ransom Bonner
Signature of Applicant
E 713 Broadway Spokane Wash. 99207
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Spokane

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of June, 1984.
Notary Public, Gloria Gabriel
Residing at Spokane
My commission expires 2-4-85
(Seal)

Donna Bonner Jessis
Supporting Signature
E 9610 Nora
Street Address, City, State
Spokane, Wash 99206

2-26-79

Honorable Discharge from U.S. Navy lists John R Bonner was discharged on Feb 19, 1942. Viewed by V.S.

Baptismal Certificate lists John Ransome Bonner born Sept 29, 1919 was b Feb 1, 1920 in Placerville Church in Idaho. Viewed by V.S.

[redacted] 315-102-023-493 name added 6-1-84 dl

OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73292

County of Ada

City of Emmett

Registration District No. 1020 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

Full Name of Child Robert Maurice Cantrall

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Oct 2 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Chas Lafayette Cantrell	FULL MAIDEN NAME: Ella Miller
RESIDENCE: ~~Emmet~~ Smith's Ferry	RESIDENCE: Smith's Ferry
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Susanville California	BIRTHPLACE: Mich
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/28 1919 J. A. Reynolds Registrar

N. B.—In case of more than one child at birth, a separate RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNMARGIN

THIS IS A PERMANENT RECORD

D FOR BINDING

5-18-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 31 10 07 AM '84

State of Montana
County of Lincoln } ss.

Certificate No. 73292
Date Filed 5-22-84

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Cantrall (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 2, 1919 (Date of Event)

in Emmett (Gem) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Robert Maurice Cantrall

Subscribed and sworn to before me this 23rd day of May, 1984.

Notary Public, Theresa L. Blevins
Residing at Eureka Montana
My commission expires December 9, 1984
(Seal)

X Robert Maurice Cantrall
Signature of Applicant

X Box 239 - EUREKA, MONTANA
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gem } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of May, 1984.

Notary Public, Theresa L. Blevins
Residing at Emmett
My commission expires 12-7-86
(Seal)

X Shirley Cantrall Nelson
Supporting Signature

X 1677 Sunset Dr.
Street Address, City, State
Emmett, Ida 83617

1 cc pd

Application to New York Life Ins Co lists full name as Robert Maurice Cantrall bosn 10-2-19 in Idaho. Dated Sept 7, 1930
Viewed by V.S.

JUN 1 1984

Family Bible lists Robert Maurice Cantrall born Oct 2, 1919 to Charles Cantrall and Ella Miller. Obviously old record.
Viewed by V.S.

754-218-023-381

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73293

County of Ellen

City of Emmett

Registration District No. 1020 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

Full Name of Child Ruth Marilyn Pedersen

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 10 (Month) 18 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Carl Geo Pedersen	FULL MAIDEN NAME Hazel Chapin
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Copenhagen Denmark	BIRTHPLACE Montpelier Ida
OCCUPATION Clerk-Painter	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 10 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett

Registrar

Filed 10/28 1919 J L Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1943

249-22
044-

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73294

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Amended 5/25/77

Registration District No. 86

File No. .....

Primary Registration District No. 1010

Registered No. 47

FULL NAME OF CHILD Audrey Marie Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	July 29 1919

FATHER		MOTHER	
FULL NAME	Everett G. Smith	FULL MAIDEN NAME	Jessie M. Grey
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Big Rock Tenn	BIRTHPLACE	Weiser Ida.
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Filed Nov 1st 1919 W. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of
1919-390122

dup of 1919-390122

4/26/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73294

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Audre Marie Smith (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1919 (Date of Event) in Weiser, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Audre	Audrey

Subscribed and sworn to before me this 4th day of May, 19 77.

Notary Public, residing at Salt Lake City, Utah

My commission expires 8-3-80

(Seal)

Signed Virginia D. Preece

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3421 S. 1940 W., SLC, Utah 84119

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of May, 19 77.

Notary Public, residing at Salt Lake City, Utah

My commission expires 8-3-80

(Seal)

Signed Herbert L. Watkins

(Signature of Any Credible Person)

3655 So. 2175 E. Salt Lake City, Utah 84109

(Street Address, City, State)

FORM DH 60-155

Delayed certificate filed May 26, 1944 gives name as Audrey Marie Smith, viewed by V.S.

MAY 25 1977

Own child's birth certificate issued by state of Idaho File #50-08914 gives name as Audrey Marie Smith. Viewed by V.S.

819-219-044-619

PLACE OF BIRTH

Amended 3/25/74

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 73295

No. ..... St.

Primary Registration District No. 2112

Registered No. 478

Hospital .....

FULL NAME OF CHILD Phebe Alice Haines

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	9 19 1919

FATHER	MOTHER
FULL NAME Henry H. Haines	FULL MAIDEN NAME Levern Warner
RESIDENCE Weiser	RESIDENCE Weiser Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Baker Co. Oregon	BIRTHPLACE Cassia Co. Idaho.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest A. Turner

Physician

(Physician or midwife)

Address Weiser Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/1/19 W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 73295

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Haines (Female) (Name on Original Certificate) who was born (Was Born or Died) on 9-19-1919 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Phebe Alice Haines
Father's name	Henry Haines	Henry H. Haines
Mother's first name	LaVern	Levern

Subscribed and sworn to before me this 25th day of March, 1974

Glenda McGinnon

Notary Public, residing at Boise

My commission expires Sept. 15, 1976

(Seal)

Signed Herbert Selmer Pogde

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte-1- Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

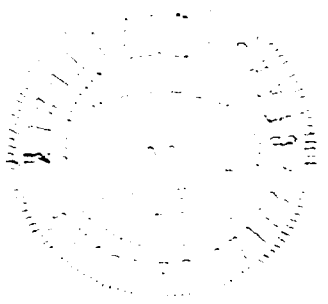
FORM DH 60-155 in office 7/12/73

Death certificate for William R, Haines, Died 3-20-45. on file in Idaho (#142959) gives informant's signature as Henry H. Haines. Viewed by V. S. MAR 25 1974

Own child's birth certificate on file in Idaho (#432046) gives mother's maidne name as Phebe Alice Haines. Viewed by V. S.

Death Certif. on file in Idaho (51-3662) of Henry Harvey Haines has wife sign the certif. given as Lavern N. Haines. Viewed by V. S.

Marrige License and Certif. from Idaho gives groom's name as Gary S. Rodge and the bride's name as Phebe Alice Haines. married on ,ay 9, 1946. Viewed by V. S.



795-113-044-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73296

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 56

File No. .....

Primary Registration District No. 2112

Registered No. 49

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	10 18 1919

FATHER		MOTHER	
FULL NAME	Emery P. Preston	FULL MAIDEN NAME	Ethel Jones
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Bridgeport Oregon	BIRTHPLACE	Weiser Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Filed 11/1/ 1919 W. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-122-044-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 56

File No. 73298

No. ..... St.

Primary Registration District No. 2112

Registered No. 71

Hospital .....

FULL NAME OF CHILD Charles William Glasby

Sex of Child M. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) 22 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Charles E. Glasby	FULL MAIDEN NAME Letitia Graham
RESIDENCE Weiser Idaho	RESIDENCE Weiser Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Hadam Kansas	BIRTHPLACE Carey Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 11:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest T. [illegible]

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/1 1919 W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

1942

133-217-044-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 46

Primary Registration District No. 1010

File No. 73299

Registered No. 52

FULL NAME OF CHILD Aileen Marie Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	10 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Claude Allen	FULL MAIDEN NAME	Edith L. Sater
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oberlin Kansas	BIRTHPLACE	Weiser Idaho.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Fraser

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Filed 11/1 1919 W. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 27 1946

759-124-044-261

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 73300

No. ..... St.

Primary Registration District No. 1010

Registered No. 53

Hospital .....

FULL NAME OF CHILD Columbus Leonard Perkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	Oct 24 1919

FATHER		MOTHER	
FULL NAME	Leonard Clum Perkins	FULL MAIDEN NAME	Sylvia Della Swan
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Koshkonong Mo.	BIRTHPLACE	Koshkonong Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho.

Filed 11/1/ 1919 M. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Cove Creek (Weiser Ida)

No. ..... St.

386-121-044-249

Hospital .....

Registration District No. Y 6

Primary Registration District No. 2112

File No. 73301

Registered No. 5-4

FULL NAME OF CHILD Steuben Lee Thomas

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	#	12	Yes	10 (Month) 21 (Day) 1919 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	William Harvey Thomas	Ida Marosky Smith
RESIDENCE	Cove Creek, Idaho	Cove Creek, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	37
BIRTHPLACE	Tennessee	Tennessee
OCCUPATION	Farmer	House-wife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Weiser, Idaho.

Filed 11/1/ 1919 W. R. Hamilton

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 75501 &###)L

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Charles Lee Thomas (NAME ON ORIGINAL CERTIFICATE) who ~~Oct. 5th 1919~~ (WAS BORN ~~OR DIED~~) on Oct. 21, 1919 (DATE OF EVENT)
in Weiser, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Charles Lee	Steuben Lee Thomas

Subscribed and sworn to before me this 13th
day of January, 1942

Notary Public, residing at Boise, Idaho
My commission expires Dec. 8, 1945
(SEAL)

Signed W. H. Thomas
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)
Cascade, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

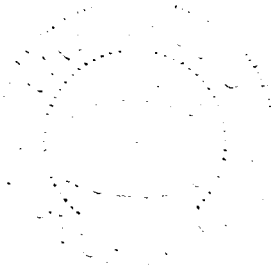
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)



MAY 19 1944

753-127-044-651

PLACE OF BIRTH

County of Washington

City of Weiser

No. 1315 W. 2nd St.

Hospital

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73302

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 55

FULL NAME OF CHILD Harry Richard Henry Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	David N. Peterson	FULL MAIDEN NAME	Martha Teresa Weaver
RESIDENCE	~~Chicago Ill~~ Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Chicago Ill	BIRTHPLACE	Ind
OCCUPATION	Living man	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walchour

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

..... Registrar

Filed 11/1/19 19.....

W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 18, 1940. E.W.

615-106-044-415

PLACE OF BIRTH

Form V. S. No. 11-C—Mar-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73303

County of Washington

City of Weiser

No. Bullyfield St.

Hospital

Registration District No. 56

File No.

Primary Registration District No. 1010

Registered No. 56

FULL NAME OF CHILD ARTHUR WILLIAM WAVRICK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 6 1919

FATHER		MOTHER	
FULL NAME	JOSEPH A. WAVRICK	FULL MAIDEN NAME	Minnie Mau
RESIDENCE	Council Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE		BIRTHPLACE	Wyo
OCCUPATION	farmer	OCCUPATION	none

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Registrar

Filed 11/1 1919 W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO :
: ss.
County of Washington :

Joseaph A. Wavrick and Minnie Mary Wavrick, formerly Minnie Mary Mau, first being duly sworn, on oath depose and say, each for himself, that they are the parents of Arthur William Wavrick; that Arthur William Wavrick was born out of wedlock on October 6, 1919, and is the natural born child of Joseph A. Wavrick and Minnie Mary Mau, now Minnie Mary Wavrick. That later on in 1924, Joseph A. Wavrick and Minnie May May were married and ever since have been husband and wife, and by said marriage of these parties the birth of said Arthur William Wavrick was legitimitized, and the child has always lived with them and gone by the name of Wavrick.

That Dr. G. M. Waterhouse was the physician at the birth of this child and reported that one Teems was the father of this child, but that this is error and this statement of Dr. Waterhouse's was and is incorrect. That said Joseph A. Wavrick is the father of this boy.

This affidavit is made for the purpose of correcting the records in the office of the Bureau of Vital Statistics of the State of Idaho to the end that the birth certificate of this boy under his proper name be issued.

Joseph A. Wavrick

Minnie Mary Wavrick

Subscribed and sworn to before me this the 12th day of February, 1945.

E. R. Coulter
Notary Public for Idaho,
Residing at Weiser, Idaho.

FEB 19 1945

266-209-044-356

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73304

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 57

FULL NAME OF CHILD Edna Mae Bowen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James L. Bowen	FULL MAIDEN NAME	Mildred M. Leonard
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	S. Dak	BIRTHPLACE	Ind
OCCUPATION	Blacksmith	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

P. Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Registrar

Filed 11/1 1919 N. B. Hamilton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1971

3 19 71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 7 3 34 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73304

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Bowen (Name on Original Certificate) who born (Was Born or Died) on Oct. 9, 1919 (Date of Event) in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Bowen	Edna Mae Bowen

Subscribed and sworn to before me this 17th day of March, 1972

Florence Cartwright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Janice Hage

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Form DH 60-155

Application for Social Security # gives name as Edna Mae Bowen born to James Lewis Bowen and Malena Mildred Leanard in Weiser, Idaho on Oct. 9, 1919. FEB 8 1972
Viewed by V.S

Application for Marriage license Book 10 page 534 gives name of Bride as Edna Mae Bowen born in Weiser, Idaho Age 18 at time of marriage. Reported by Jos Gallagher Official, Justice of the Peace. Date of Marriage Oct. 17, 1937.
Viewed by V.S.

559-115-044-285

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73305

Registration District No. 76

File No. .....

Primary Registration District No. 2112

Registered No. 58

FULL NAME OF CHILD Carl Stephen Vertner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 15 1919

FATHER		MOTHER	
FULL NAME	Carl Vertner	FULL MAIDEN NAME	Maida Sheldon
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mo	BIRTHPLACE	Kans
OCCUPATION	Jasmill	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Weiser Ida

Filed 11/1 1919 W. R. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-122-044-293

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 73306

Primary Registration District No. 2112 Registered No. 09

FULL NAME OF CHILD Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 22 1919

FATHER		MOTHER	
FULL NAME	John Martin	FULL MAIDEN NAME	Dora Kelly
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Sweden	BIRTHPLACE	Weiser Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 05 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Hatchhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed 11/1 1919 M. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-228-044-653

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73307

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 60

FULL NAME OF CHILD Stewart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Oct 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel H. Stewart	FULL MAIDEN NAME	Elizabeth Walters
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

..... Registrar

Filed 11/1 1919 W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

454-131-044-942

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mar. 5-19..

73308

Registration District No. 86

File No. .....

Primary Registration District No. 1010

Registered No. 61

FULL NAME OF CHILD Underwood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James S Underwood	FULL MAIDEN NAME	Rowena Russell
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Colo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:55 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Kalechow

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed 11/1 1919 M. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-219-003-713

[redacted] OF BIRTH

[redacted]nnock

City of Oxford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73309

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 256

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Victor R Fisher	FULL MAIDEN NAME	Cecil Packer
RESIDENCE	Oxford	RESIDENCE	Oxford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oxford	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:35 p.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

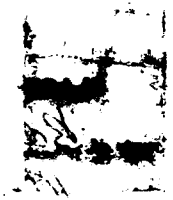
Address Preston Idaho

Filed Nov 3 1919 Dr A R Cutler

Registrar Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



147-222-021-864

Form V. S. No. 11-C—25m-9-8-17

PLAC[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73310

County of [redacted]

City of Glendale

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 234

Hospital

FULL NAME OF CHILD Vandis Emma Auger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leland L Auger	FULL MAIDEN NAME	Emma Allen Housley
RESIDENCE	Glendale	RESIDENCE	Glendale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Glendale	BIRTHPLACE	Paradise Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Filed Nov 6 1919 Dr A R Cutler

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-75283

non

653-123-021-299

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73311

County of Franklin

City of Treasureton

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 257

FULL NAME OF CHILD NOLAN THOMAS WELLS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Wells	FULL MAIDEN NAME	Maud Kerby
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Preston Idaho.	BIRTHPLACE	Treasureton
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. States

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Preston Idaho

Filed Nov 3 1919

D. C. R. Cullen

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1960

1942

266 - 220 - 021 - 314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73312

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 255

FULL NAME OF CHILD Caroline Athene

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of Birth Oct. 20 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME George Bower	FULL MAIDEN NAME Clara Campbell
RESIDENCE	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Bountiful Utah.	BIRTHPLACE Weston Idaho.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 28 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. W. Hale M. D.

(Physician or midwife)

Address Preston Idaho

Filed Nov 3 1919 D. A. Dallas Registrar

819-120-021-366

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73313

County of Franklin

City of Preston

Registration District No. 27

File No.

No. St.

Primary Registration District No. 2119

Registered No. 258

Hospital

FULL NAME OF CHILD Jeddie Woodrow Hart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur W. Hart	FULL MAIDEN NAME	Ada Lowe
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Bloomington Ida. Bear Lake Co.	BIRTHPLACE	Franklin Ida.
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. State

M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Registrar

Filed 19

D. C. Curtis

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-118-021-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Battle Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

73314

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 261

FULL NAME OF CHILD Leo Hyle Winn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Oct. (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Marian A. Winn	FULL MAIDEN NAME	Rosella Nelson
RESIDENCE	Battle Creek	RESIDENCE	Battle Creek.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Summit Utah	BIRTHPLACE	Hyde Park Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T W States

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Nov 3 1919

[signature]
Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 22 11 32 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73314

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Winn (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct 18, 1919 (Date of Event)

in Battle Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Leo Hyle Winn

Subscribed and sworn to before me this 11th day of November, 19 76

June Adams

Notary Public, residing at Brigham Utah

My commission expires March 14, 1979

(Seal)

Signed Velma Winn

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

523 North 4 West Brigham City Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Marion H Winn

(Signature of Any Credible Person)

578 E 3610 So SL City Utah

(Street Address, City, State)

FORM DH 60-155

CL 11/8/76 Look!

NOV 23 1976

Certif of Baptism and Confirmation from the LDS Church gives name as Leo H. Winn son of Marion Winn and mother's name as Rosella Nelson.born Oct. 18, 1919 at Winder, Idaho. Baptized Sept 9, 1928. viewed by V. S.

Certif of Blessing from the LDS Church gives name as Leo Hyle Winn son of Marion A. Winn and Rosella A. Nelson. born Oct 18, 1919 at Winder, Idaho. Blessed Dec 14, 1919. viewed by V. S.

813-118-021-264

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73315

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 260

FULL NAME OF CHILD Dallas Bodily Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 18 1919

FATHER		MOTHER	
FULL NAME	John T. Hall	FULL MAIDEN NAME	Harriet Bodily
RESIDENCE	Fairview	RESIDENCE	Fairview
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Fairview Idaho.	BIRTHPLACE	Fairview Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T W States M D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Nov 3 1919 D A Cutts

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

639-215-021-132

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73316

County of Franklin

City of Franklin

Registration District No. 27

File No.

No. St.

Primary Registration District No. 2119

Registered No. 262

Hospital

FULL NAME OF CHILD Alice

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct. (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chris Oliverson	FULL MAIDEN NAME	Alice Atkinson
RESIDENCE	Franklin Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Franklin Idaho.	BIRTHPLACE	Cove Utah.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W States

M. D. (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston

Registrar

Filed Nov 3 1919 D. C. R. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-107-021-753 [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

V. S. No. 11-C—25m-9-8-17

73317

County of Franklin

City of Mink Creek

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 268

FULL NAME OF CHILD Stanley Fielding Olson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	G. E. Olson	FULL MAIDEN NAME	Elizabeth Peterson
RESIDENCE	Mink Creek.	RESIDENCE	Mink Creek.
COLOR	Sweden	COLOR	Sweden
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Vingker Sweden	BIRTHPLACE	Vingker Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T W Slate

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

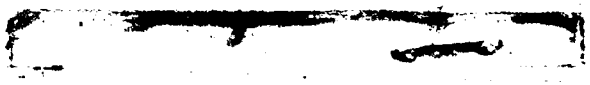
Address Preston Idaho

Filed Nov 3 1919 D A R Cullen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. OCT 13 1941 Certificate No. 73317
County of Franklin } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Stanley Fielding Olson (Name on original certificate) who was born (Was born or died) on Oct. 7, 1919 (Date of event)

in Mink Creek, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Oct. 7, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Olson	Stanley Fielding Olson

Subscribed and sworn to before me this 11th. day of October, 1941

Notary Public, residing at Preston, Ida.

My commission expires May 1st 1945.

[SEAL]

Signed Gustaf Ellen Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston, Ida. Star Route
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th. day of October, 1941

Notary Public, residing at Preston, Idaho

My commission expires May 1s. 1945

[SEAL]

Signed Ellen Lewis
(Signature of any credible person other than the previous affiant.)

Preston, Ida.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 14 1941

MAR 3 1943

TH STATE BOA NO.

CERTIFICATE OF BIR

County of Franklin

Precinct of 893-228-021-512 STATE OF ~~UTAH~~ In

Town or Village of Dayton

733 18

City of

Street and No.

If in Hospital or other institution, give its name instead of Street and

FULL NAME OF CHILD Martha Jane Hill { If child is not yet named, make supplemental report as directed

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of Birth
F	(To be answered only in event of plural births)		Yes	Sept. 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. W. Hill	FULL MAIDEN NAME	Dessa Nash
RESIDENCE	Dayton	RESIDENCE	Dayton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Franklin Id.
OCCUPATION	Farmer	OCCUPATION	H W

Number of children born to this mother, including present birth 5

Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on Sept. 23 1919 at 3:30 P M

Premature No or Still Birth? No (Yes or No)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) H. R. McGee

Date Sept 23 1919

(Physician or Midwife

Given name added from supplemental report

.....19

.....

Registrar

Address of Physician or Midwife Logan Ut

Filed Oct. 18 1919

Registered No. 24

Dr. A. R. Cullen

Registrar

Information for [redacted] Midwives, Parents and Others Required to Report Births

5x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately reg
hich they occur, as hereinafter provided.

REPORTS.

Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwife to fil
ving all the particulars required by this Act, with the local registrar of the district in which the birth
after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of
or the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occur
said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, g
from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 2036x8, Compiled Laws of Utah, 1907, provides that: * * * "All Physicians, Midwives, Informants
connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such in
as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or th
local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted wit
factory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in S
shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof the
Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householde
the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become
before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return
complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number
a copy of the original certificate for your local record. If the name of the child is not reported give the person who
return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplementa
name of child has not yet been filed, send the certificate and forward the latter report as soon as received after enterin
other fact on your copy. If the child died before being named, the report should be made with the statement "died

PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confineme
other person charged with responsibility for reporting births, in the order named in Sec. 2036x4 of this Act, who shall
refuse to file a proper certificate of [redacted] a local registrar, within the time required by this Act, shall be deemed
a misdemeanor. * * * And any [redacted], or deputy registrar, who shall neglect or fail to enforce the provisio
Act in his district, or shall neglect or [redacted] to perform any of the duties imposed upon him by this Act or by the in
and directions of the State Registrar, [redacted] deemed guilty of a misdemeanor. * * * Any person convicted
demeanor under the provisions of this Act [redacted] be fined in any sum not less than ten dollars nor more than two hundre

Blank birth certificates may be [redacted] from Local Board of Health, Local Registrars or the State Board of Heal

318-218
021-4[redacted] PLAC

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73319

County of Franklin

City of Near Weston Idaho

Registration District No. 27

File No.

No. St.

Primary Registration District No. 2119

Registered No. 265

Hospital

FULL NAME OF CHILD La Rue Taylor

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		11	yes	Oct. 18 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R N Taylor	Ellen M. Nicholson
RESIDENCE	Near Weston Idaho	Near Weston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	52	42
BIRTHPLACE	Stockton Utah	Hicks Park Utah
OCCUPATION	Farmer	House Keeper

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct 18-1919 alive, at 1.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. B Holder

Physician
(Physician or midwife)

Address Weston Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Nov 5 1919

Dakelly
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1942

243-225-021-465

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 73320

No. ..... St.

Primary Registration District No. 2119

Registered No. 264

Hospital .....

FULL NAME OF CHILD Edna Buck (Adopted)

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7	✓		No	Oct 25 1919

FATHER		MOTHER	
FULL NAME	Arnold Kent	FULL MAIDEN NAME	Ellen Monson
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	9	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	?	BIRTHPLACE	Franklin Ida
OCCUPATION	Laborer	OCCUPATION	School Girl

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler Jr

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Nov 5 1919 Dr A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 6-19-57

PLACE OF BIRTH

968-201-021-915

County of Franklin

City of Preston

No. 1st Ward St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 73321

Primary Registration District No. 2119 Registered No. 245

FULL NAME OF CHILD Yvonne Roholt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	October 1, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 5. Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Hans Jacob Roholt	FULL MAIDEN NAME	Violet Ransom
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 11-1-19 Dr. A. R. Cutler Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 73321

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Roholt (Name on Original Certificate) who was born (Was Born or Died) on 10-1-19 (Date of Event)
in Preston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by #3232 -shows mother's correct name prepared on , are:
Social Security Card (Bible Record, Insurance Policy, Etc.) 6-7-39 shows correct child's name.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
		1-4-20 shows all information -viewed by
Child's Name	Unnamed Roholt	Yvonne Roholt v.s.
Mother's Maiden Name	Violet Orr	Violet Ransom

Subscribed and sworn to before me this 6 day of June, 19 57
Frank W. Boring
Notary Public, residing at Twin Falls, Idaho
My commission expires 4-3-58
(Seal)

Signed Violet Ransom Roholt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 242 Wendell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of June, 19 57
Frank W. Boring
Notary Public, residing at Twin Falls, Idaho
My commission expires 4-3-58
(Seal)

Signed Hans Jacob Roholt
(Signature of any Credible Person)
Hans Jacob Roholt
(Street Address, City, State)
Box 242 Wendell, Idaho
L-5-29-57-mm

FORM DPH 55.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73321

PLACE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Hospital

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 245

FULL NAME OF CHILD

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Hans Jacob Roholt	FULL MAIDEN NAME	Violet Orr
RESIDENCE	Preston Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Registrar

Filed Nov 1 1919 D. A. R. Cuelar Registrar

JUN 20 1957

536-204-021-319

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 73322

Primary Registration District No. 2117 Registered No. 246

FULL NAME OF CHILD Norma Elwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Oct 4 1919

FATHER		MOTHER	
FULL NAME	Isaac Elwell	FULL MAIDEN NAME	Frances Louise Carter
RESIDENCE	Preston Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Tinner	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho

19

Registrar

Filed Nov 1 1919 D. A. R. Culty Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 4 9 06 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73322

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Elwell (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 4, 1919 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Norma Elwell

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake City }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of September, 1976

Notary Public, residing at Salt Lake City, Utah
My commission expires MY COMMISSION EXPIRES SEPT. 27, 1978
(Seal)

Signed Ernest P. Elwell
(Signature of Any Credible Person)

957 E 5014S
SALT LAKE CITY UTAH 84117
(Street Address, City, State)

FORM DH 60-155 CL 9/4/75 nm

Certif of Blessing from the LDS Church gives name as Norma Elwell daughter of Isaac Elwell and Frances L. Carter. Born Oct 4, 1919 at Preston, Idaho. Blessed Nov 2, 1919. viewed by V. S.

OCT 2 9 1976

Certif of Baptism from the LDS Church gives name as Norma Elwell daughter of Isaac Elwell and Frances L. Crter. born Oct 4, 1919 at Preston,Idaho Baptized Nov 20,1927. viewed by V. S.

852-211-021-443

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of .....

No. ..... St.

Hospital ....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73323

Registration District No. 27 File No. .....

Primary Registration District No. 2719 Registered No. 247

FULL NAME OF CHILD Oda D. Hebdon

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
F		Yes	Oct 11 19 19

FATHER		MOTHER	
FULL NAME	Mayle Lorenzo Hebdon	FULL MAIDEN NAME	Salina Pearl Dutson
RESIDENCE	Franklin Co Idaho	RESIDENCE	Franklin Co Idaho
COLOR	W	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis V. Hansen MD

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 1 1919 D. A. R. Cutler Registrar

419-116-021-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Franklin

City of Battle Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 2117

73324

File No. .....

Registered No. 248

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 16 1917

FATHER		MOTHER	
FULL NAME	Edward Moran Martin	FULL MAIDEN NAME	Emma Stephens
RESIDENCE	Battle Creek Idaho	RESIDENCE	Battle Creek Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Blanch

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 1 1917

Clark Cullen Registrar

dup of 1919-319233

795-229-021-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

Amended 10-15-79

City of .....

No. Oxford ward St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 73325

Primary Registration District No. 2119 Registered No. 6

FULL NAME OF CHILD Florence Ione Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct 23 1919

FATHER		MOTHER	
FULL NAME	Golden Hyrum Green	FULL MAIDEN NAME	Dollie Edith Kendall
RESIDENCE	Franklin County Idaho	RESIDENCE	Franklin County Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12:20 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hand

Physician (Physician or midwife)

Address Preston Idah

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Nov 1 1919

D. R. Cultice
Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED

FEB 16 1971

Vital Statistics

State of Idaho
County of Bannock } ss.

Certificate No. 73325

Date Filed Feb. 13, 1971

The undersigned does solemnly swear that the facts on the certificate of Birth (Birth or Death)
for Unnamed Green (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 24, 1919 (Date of Event)
in Oxford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Church record (Bible Record, Insurance Policy, Etc.) prepared on 7 December 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Florence Ione Green
Child's Date of Birth	Oct. 24, 1919	October 23, 1919

Subscribed and sworn to before me this 13th day of February, 1971

Notary Public, residing at Downey, Idaho

My commission expires May 14, 1974

(Seal)

Signed Harriet H. Downey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Downey, Idaho P.O. Box 144

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of February, 1971

Notary Public, residing at Downey, Idaho

My commission expires May 14, 1974

(Seal)

Signed Faye H. Gamble

(Signature of Any Credible Person)

P O Box 144 Downey Idaho

(Street Address, City, State)

FORM DH 60-155 CL 12-9-63. nm

Certificate of Birth issued by the Salt Lake L.D.S. church gives name as Florence Ione Green born October 23, 1919 at Oxford, Bannock County, Idaho to Golden Hyrum Green and Dolly Edith Kendall. Recorded in Oneida Stake, Oxford Ward Record of Births and Blessings 1919 Page 730 Line 329
Entered on record Decemb er 7, 1919.
Viewed by V.S.

Family record book, obviously old gives name as Florenc Ione Green born October 23, 1919. Blessed October 31, eight days after birth. Mother wrote in family book at that time.
Viewed by V.S.

369-124-021-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 4th Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73326

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 250

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct. 24 1919

FATHER		MOTHER	
FULL NAME	Joseph Erastus Lorentzen	FULL MAIDEN NAME	Sophia Bowen
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Filed Nov 1 1919 D A Cullen
Registrar

Registrar

JUN 7 1966

819-226-021-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of .....

No. Fairview Ward St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73327

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 251

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Oct 26 1919

FATHER		MOTHER	
FULL NAME	William Lewis Harris	FULL MAIDEN NAME	Charlotte Bronson
RESIDENCE	Franklin Co. Idaho	RESIDENCE	Franklin Co. Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Idaho

Filed Nov 1 1919 D. A. R. Cullen Registrar

231-129-021-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-5-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 1 East Main St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73328

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 252

Hospital

FULL NAME OF CHILD Emery Robert Stapleton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orville Emery Stapleton	Grace Margaret Patterson
RESIDENCE	Preston Idaho	Preston Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Wisconsin	Iowa
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Curtis Hand

Physician

(Physician or midwife)

Address Preston Idaho

Filed Nov 1 1919 D. W. Cullen Registrar

249-107-021-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73329

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 846

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		no	Oct 7 1918

FATHER		MOTHER	
FULL NAME	Harry Bunkell	FULL MAIDEN NAME	Violet Mason
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	England	BIRTHPLACE	Franklin, Ida.
OCCUPATION	Laborer	OCCUPATION	School girl

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. F. Cuthbert

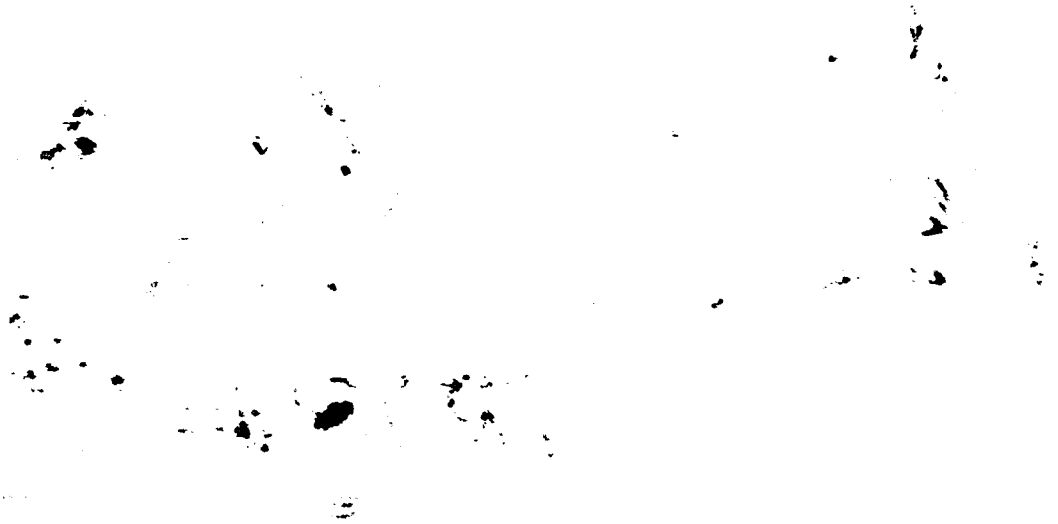
Preston Idaho

(Physician or midwife)

Address Preston Idaho

Filed Oct. 18. 1918.

D. A. Cullen Registrar



318-128-021-253

PLACE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-5-17

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 73330

Primary Registration District No. 2119 Registered No. 244

FULL NAME OF CHILD ..... Buel Alonzo Layne .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Oct 28 1912

	FATHER	MOTHER
FULL NAME	Leland D. Layne	FULL MAIDEN NAME Mona Beckstead
RESIDENCE	Whitney Idaho	RESIDENCE Whitney Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Cutler

Pocatello Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 31 1912 D L R Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 0 1941

389-215-021-593

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Franklin

City of Glenee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73331

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 254

FULL NAME OF CHILD Clara Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Oct 15 1919

FATHER		MOTHER	
FULL NAME	Martin Christensen	FULL MAIDEN NAME	Christina Lula Egly
RESIDENCE	Glenee ~~Mink Creek~~	RESIDENCE	Glenee
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	mink creek	BIRTHPLACE	mink creek
OCCUPATION	Farmer	OCCUPATION	Same Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:20 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Money Rasmussen (Physician or midwife)

Given names added from a supplemental report.

..... 19....

8:20 a.m.

Address mink creek Ida

Filed Nov 3 1919 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

389-117-021-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

Registration District No. 27 File No. 73332

No. ..... St.

Primary Registration District No. 2119 Registered No. 253

Hospital .....

FULL NAME OF CHILD Carl Harvey Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
mail			Oct 17 1919

FATHER		MOTHER	
FULL NAME	Henrey Christensen	FULL MAIDEN NAME	Sinrena Hanners
RESIDENCE	mink creek	RESIDENCE	mink creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	mink creek	BIRTHPLACE	Norway
OCCUPATION	Stackman	OCCUPATION	House Life

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutts

Nancy Rasmussen
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address mink creek Id

Filed Nov 3 1919 Dr A R Cutts
Registrar

S-Y CO. 24655

Oct 17-10-30 a-m

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1943

295-217-021-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 73333

Primary Registration District No. 2169 Registered No. 255

FULL NAME OF CHILD Ruth Bingham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct 17 1919

FATHER		MOTHER	
FULL NAME	Heber Raymond Bingham	FULL MAIDEN NAME	Emma Rich
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Heber Co. Utah	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Nov 3 1919 Dr A R Cutler

Registrar

Registrar

DECEASED

632 - 203 - 021 - 289

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 15-C—Rev. 4-5-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73334

Registration District No. 2 7 File No. .....

Primary Registration District No. 2 11 9 Registered No. 2 8 6

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct 3 1919

FATHER		MOTHER	
FULL NAME	Erastus Peter Olsen	FULL MAIDEN NAME	Maud Lloyd Kirkup
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ephriam Utah	BIRTHPLACE	
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Allen K. Cutler

Physician (Physician or midwife)

Address Preston Idaho

Filed Oct 10 19 19 Dr. A. K. Cutler Registrar

862-103-021-512

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 73335

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 237

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 3 1919

FATHER		MOTHER	
FULL NAME	Samuel D. Hobbs	FULL MAIDEN NAME	Maud Matilda Eakins
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Preston	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Culter

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Oct 17 1919 Dr A R Culter

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155 - 203 - 021 - 366

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 73336

Primary Registration District No. 2113 Registered No. 238

FULL NAME OF CHILD LeMoyne Jensen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Oct 9 1918

FATHER		MOTHER	
FULL NAME	Junius C Jensen	FULL MAIDEN NAME	Sylvia E. Lowe
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Preston	BIRTHPLACE	Smithfield Utah
OCCUPATION	Real Estate merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:20 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen K Cusler

Physician (Physician or midwife)

Given names added from a supplemental report.

LeMoyne Jensen 19 ..

W. C. Murphy Registrar

Address Preston Idaho

Filed Oct 17 1918 D. A. Burton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth:
City: Preston
Street and House No.:
County: Franklin

Registered No. 238

Registration Dist. No. 27

Sex of Child: Female

Date of Birth: Oct. 3 1919
MONTH DAY YEAR

Father: Junius C. Jensen
FULL NAME

Mother: Sylvia E. Lowe
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

LeMoyne Jensen
GIVEN NAME IN FULL SURNAME

as reported by Junius C. Jensen
FATHER OR MOTHER

Drak Quetti
LOCAL REGISTRAR

459-212-021-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73337

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 239

FULL NAME OF CHILD Ruby Merrill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct 12 1919

FATHER		MOTHER	
FULL NAME	Harrison R Merrill	FULL MAIDEN NAME	Edna Johnson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Hyde Park Utah
OCCUPATION	Farmer & Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Idaho

Filed Oct 17 1919 Dr A R Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1 1972

271-116-021-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73338

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2112

Registered No. 240

FULL NAME OF CHILD Marion Morgan Spackman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marion Leander Spackman	FULL MAIDEN NAME	Mary Louise Morgan
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Kaysville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cullen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Oct 17 1919 Dr A R Cullen Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-212-021-619

Form V. S. No. 11-C—25m-9-8-37

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73339

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 241

FULL NAME OF CHILD YVONNE FORSGREN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Oct 12 1919

FATHER		MOTHER	
FULL NAME	Eli J Forsgren	FULL MAIDEN NAME	Leona M Farnsworth
RESIDENCE	Riverdale	RESIDENCE	Riverdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Riverdale	BIRTHPLACE	Manti Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Culter

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Idaho

Filed Oct 17 1919

Dr A R Culter
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 73339
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Yvonne Forsgren (Name on original certificate) who Was born (Was born or died) on Oct. 12, 1919 (Date of event)
in Preston, Idaho (Riverdale ward) (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Oct. 12, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Forsgreen	Yvonne Forsgren
Surname of father	Fosgreen	Forsgren

Subscribed and sworn to before me this 11 th. day of October, 1941.

Notary Public, residing at Preston
My commission expires May 1st 1945.
[SEAL]

Signed Leona F. Forsgren
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother.

Preston, R.F.D. #2. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th. day of October, 1941.

Notary Public, residing at Preston, Idaho
My commission expires May 1st. 1945
[SEAL]

Signed A. R. Cutler
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 16 1941

154-209
020-515

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73341

County of Elmore

City of Glenns Ferry

Registration District No. 32

File No.

No. St.

Primary Registration District No. 2021

Registered No.

Hospital

FULL NAME OF CHILD Ruby Louise McAnulty

Sex of Child	Twin Triplet or other	Single and	Number in order of birth	Legitimate?	Date of Birth
Female			7	yes	Oct. 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd McAnulty	FULL MAIDEN NAME	Adelia Van Tour
RESIDENCE	Glenns Ferry Idaho	RESIDENCE	Glenns Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct. 9th 1919, at 5 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Glenns Ferry Idaho

19

Registrar

Filed Oct. 20 1919 J. W. Doris
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-112-012-968

PLACE OF BIRTH

County of Butte

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 59

File No. 73342

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD Loveless

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	10 12 1917

FATHER

FULL NAME John W. Loveless

RESIDENCE Moore, Idaho

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Provo, Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maud Royalance

RESIDENCE Moore, Idaho

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Springville, Utah

OCCUPATION Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 7:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 10/13 1917

[signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897-215-012-793

[redacted]

Form V.S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Sweet Stage Registration District No. 59 File No. 73343

No. ..... St. Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD LEOTA ELIZABETH Higgins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10-13-19

FATHER	MOTHER
FULL NAME: Marcus L. Higgins	FULL MAIDEN NAME: Wilomma Gilmore
RESIDENCE: Sweet Stage, Idaho	RESIDENCE: Sweet Stage, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Marion, Miss.	BIRTHPLACE: Ada, Penn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 a M. on the date above stated.

(Signature) [signature]

Physician (Physician or midwife)

Address Arco, Idaho

Filed 10/13 19 19

[signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 73343

State of New Mexico } ss.
County of Dona Ana

Date Filed SEP 12 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Leota Elizabeth Higgins (Name on Original Certificate) who was born (Was Born or Died) on Oct. 13,1919 (Date of Event)
in Howe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Oct. 13, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Leota Elizabeth Higgins

Subscribed and sworn to before me this 1st day of September, 1942.

Notary Public, residing at Las Cruces, N.M.

My commission expires 2/6/45
(Seal)

M. T. Higgins
Signed Minona S. Higgins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mesquite, N.M.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of September, 19 42

Notary Public, residing at TOPPENISH, WASH.

My commission expires 2-23-1943
(Seal)

A. L. Gilmore
Signed
(Signature of Any Credible Person Other Than Previous Year)

Buena Wash.
(Street Address, City, State)

SEP 15

522-130-012-366

PLACE OF BIRTH

County of Custer

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 59

File No. 13344

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD ..... Ebstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	October 3, 1917

FATHER	MOTHER
FULL NAME: John Lovell Ebstrom	FULL MAIDEN NAME: Violet Cooper
RESIDENCE: Arco, Idaho	RESIDENCE: Arco - Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Arizona	BIRTHPLACE: Wellville, Utah
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 7 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address Arco, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 13 A. 1917

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15-3-222-012-249

PLACE OF BIRTH

County of Butte

City of Clyde

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.-S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 29

File No. 73345

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD ..... WILMA IRENE Peck

Sex of Child Female

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth 10 22 1917 (Month) (Day) (Year)

FATHER

FULL NAME Charles LeRoy Peck

RESIDENCE Clyde, Idaho

COLOR White

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Roberts, Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary J Burton

RESIDENCE Clyde, Idaho

COLOR White

AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Willona Oregon

OCCUPATION Home wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ione, Idaho

Filed 10 23 1917

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 73345

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on October 22, 1919 (Date of Event)
in Clyde, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth Certificate Hospital Record April 3, 1949 (Bible Record, Insurance Policy, Etc.) prepared on Idaho # 306687 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Wilma Irene Peck

Subscribed and sworn to before me this 13 day of January, 1956

O. C. Boyatt
Notary Public, residing at Arco, Idaho
My commission expires 9-1-58
(Seal)

Signed May Peck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BUTTE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of Jan., 1956

O. C. Boyatt
Notary Public, residing at Arco, Idaho
My commission expires 9-1-58
(Seal)

Signed Ruby B. Garrett
(Signature of Any Credible Person)
RUBY B. GARRETT, Auditor & Recorder
Arco, Idaho Butte County
(Street Address, City, State)

FORM DPH 55.155

NOV 5 1956

JAN 19 1956

235-127-034-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Shoshone

City of Hayburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17

Primary Registration District No. 2015

File No. 73347

Registered No. 192

FULL NAME OF CHILD ..... William Albert Steuart

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug. 27 1919

FATHER	MOTHER
FULL NAME L. C. Steuart ~~Samuel Crawford~~	FULL MAIDEN NAME Julia Alberta Denning
RESIDENCE Heyburn, Ida.	RESIDENCE Heyburn, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Pa.	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/26 1919 C. H. Elmore Registrar

4/21/41 L. D.

STATE OF Idaho
COUNTY OF Cassia } ss.

Julia Alberta Denning Steuart, being first duly sworn, upon oath says: that she is the mother of William Albert Steuart; that said William Albert Steuart was born at Heyburn, County of Minidoka, State of Idaho on the 27th day of August, 1919.

Father's name Samuel Crawford Steuart

Mother's maiden name Julia Alberta Denning

Physician's name Dr. J. C. Patterson

Nurse or attendant

This affidavit is made for the purpose of securing a birth certificate for said William Albert Steuart.

Julia Alberta Denning Steuart

Subscribed and sworn to before me this 10th day of April, A.D. 1941.

Wayne S. Martin
Notary Public for the State of Pennsylvania, residing at Goodville therein.

My commission expires:
March 7, 1945.

To be sent to:
Bureau of Vital Statistics,
Board of Health
City of

State of

493-130-034-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

73348

County of Minidoka

City of Heyburn — Registration District No. 19 — File No.

No. ..... St. — Primary Registration District No. 20 15 — Registered No. 193

Hospital

FULL NAME OF CHILD Earl Edward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 30 1919

FATHER		MOTHER	
FULL NAME	E. S. Miller	FULL MAIDEN NAME	Maud Bullock
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler MD (Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 5 1919 E. H. Gilmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-112-024-659

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73349

PLACE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 194

Hospital

FULL NAME OF CHILD Donald W. Llewellyn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10 / 12 / 1919

FATHER		MOTHER	
FULL NAME	Reese M. Llewellyn	FULL MAIDEN NAME	Elsinore Weight
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) E. R. Graves M.D.

(Physician or midwife)

Address Rupert Idaho

Filed Oct 16 19 19 E. A. Helmine

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE

c.c. 6/7/41. w.h.

381-124-084-465

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert Registration District No. 19 File No.

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 78350

Primary Registration District No. 2015 Registered No. 195

FULL NAME OF CHILD Ira Jack Chamberlain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10/24/19

FATHER

FULL NAME Ira L Chamberlain

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Nora Moncur

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C E Groom

MD

(Physician or midwife)

Address Rupert Idaho

Filed Oct 31 19 19 Ed H Elmore

Registrar

AE

JAN 9 1945

Form V. S. No. 11-G-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. 295-226-034-843 St.

Registration District No. 19 File No. 73351

Primary Registration District No. 2015 Registered No. 196

Hospital

FULL NAME OF CHILD MARGARET IRENE SINGLETON

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10/26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Singleton	FULL MAIDEN NAME	Margaret Hutchinson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groom

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rupert Idaho

Filed Oct 31 1919 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 73351

State of California }ss.
County of Sacramento }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret Irene Singleton (Name on Original Certificate) who was born (Was Born or Died) on Oct. 26, 1919 (Date of Event)
in Hailey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Margaret Irene Singleton

Subscribed and sworn to before me this 7th day of July, 1942

Robert E. Cannell
Notary Public, residing at Sacramento California

My commission expires March 10, 1945.
(Seal)

Signed Mrs. Margherita Singleton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3832 Bigler Way, Sacto Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 16 1942

JUL 2 0 1942

789-120-034-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73352

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 197

FULL NAME OF CHILD Louis Clyde Phibbs

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John R. Phibbs	FULL MAIDEN NAME	Bertie Florence Branscome
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Va.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Oct 23 1919 Ett Elmore

Registrar

Registrar

289-103-034-913

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73353

County of Minidoka

City of Rupert Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 198

Hospital

FULL NAME OF CHILD ORVILLE DEVERE BYINGTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 3 19 19

FATHER		MOTHER	
FULL NAME	Elmer Byington	FULL MAIDEN NAME	Josie Ralphs
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. L. Groom M.D.

(Physician or midwife)

Address Rupert, Idaho

Filed Nov 5 19 19 E. H. Elsmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho. } ss.
County of Blaine }

Certificate No. 73353
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Orville Devere Byington (Name on original certificate) who was born (Was born or died) on November 3, 1919 (Date of event)
in Acequia, Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Church record. (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Orville Devere Byington

Subscribed and sworn to before me this 2nd. day of January, 19 43.

R. N. McCoy
Notary Public, residing at Hailey, Idaho.
My commission expires March 31, 1943.
[SEAL]

Signed Mrs Josie B Byington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Gannett, Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho. } ss.
County of Blaine. }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd. day of January, 19 43.

R. N. McCoy
Notary Public, residing at Hailey, Idaho.
My commission expires March 31, 1943.
[SEAL]

Signed E. W. Byington
(Signature of any credible person other than the previous affiant)
Gannett, Idaho.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JAN 1 0 1943

693-230-034-951

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 73354

No. ..... St.

Primary Registration District No. 2015 Registered No. 199

Hospital .....

FULL NAME OF CHILD Afton Wilkins

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Arland B Wilkins	FULL MAIDEN NAME	Sarah Redding
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth III Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Graam

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert, Idaho.

Filed Nov 5 1919 C H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 2 1976

562-123-034-393

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73355

County of Minidoka

City of Rupert Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 200

Hospital

FULL NAME OF CHILD CECIL STERLING NOBLE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Oct 23 1919

FATHER		MOTHER	
FULL NAME	Francis Noble	FULL MAIDEN NAME	Gladys Titcomb
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth III Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E K Groom

M.D.
(Physician or midwife)

Address Rupert Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Nov 4 1919 E H Holmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1942

239-231-034-366

Form V. S. No. 11-C—25m-8-8-27

PLACE OF BIRTH

County of Minidoka

City of Rupert No 3

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 73356

Primary Registration District No. 215 Registered No. 201

FULL NAME OF CHILD Ruby Margie Strahan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	10 31 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W J Strahan	Louisa Loomis
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Mo	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J B Keegan

Physician

(Physician or midwife)

Address Rupert

Filed 11/5 1919 E H Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-122-034-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rim.04-17

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73358

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 203

FULL NAME OF CHILD ..... J. Ealmore Broadhead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 22 1919

FATHER		MOTHER	
FULL NAME	Earl D. Broadhead	FULL MAIDEN NAME	Ada Rena Carter
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Born Alive (Born alive or stillborn) at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Ealmore M.D.
(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Nov 5 19 19 E. H. Ealmore
Registrar

c.c. 5/14/41. v.h.

993-228-034-265

PLACE OF BIRTH

County of Minidoka

City of Rupert

Amended 3-30-79

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

73359

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 1924

FULL NAME OF CHILD LaVeta Byrl Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 28 1919

FATHER	MOTHER
FULL NAME Walter A Rice	FULL MAIDEN NAME Jennie B. Sweet
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Eakmore

M.D. (Physician or midwife)

Address Rupert, Idaho,

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 1 1919 E. H. Eakmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 27 11 55 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 73359

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Rice (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept 26, 1919 (Date of Event)

in Rupert, Idaho (Minidoka) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Childrens Birth records (Bible Record, Insurance Policy, Etc.) prepared on 1940-1942-1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	LaVeta Byrl Rice
date of birth	Sept 26, 1919	Oct. 28, 1919

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of MINIDOKA

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of November, 1978.

Kathleen Hawkins

Notary Public, residing at Rupert, Idaho

My commission expires [illegible]

(Seal)

Signed Dollies Nussbaum Dowell
(Signature of Any Credible Person)

Route I Rupert, Ida. 83350
(Street Address, City, State)

FORM DH 60-155

Family group record for Walter Rice and Jennie Beaun Sweet gives chid's name as Leveta Byrl Rice born Oct 28 1919. viewed by V. S.

Certificate of Baptism and Confirmation gives name as LaVeta Byrl Montgomery c daughter of Walter A. Rice and Jennie Brown Sweet born October 28, 1919 at Rupert, Idaho, Baptized March 26, 1955 by Elder Patterson in the L.D.s. Church. Viewed by V.S.

MAR 30 1979

286 - 215 - 034 - 446

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73360

County of Minidoka

City of Paul

Registration District No. 19

File No.

No. ..... St.

Primary Registration District No. 2015

Registered No. 202

Hospital

FULL NAME OF CHILD Lucille Fern Short

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	10 15 1919

FATHER		MOTHER	
FULL NAME	Walter Short	FULL MAIDEN NAME	Mary Duff
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 11/5 1919

E H Elmore
Registrar

..... Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 1944

MAY 29 1944

155-203-034-393

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. 73361

Primary Registration District No. 2015

Registered No. 206

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	10 3 1919

FATHER		MOTHER	
FULL NAME	Earl Averett	FULL MAIDEN NAME	Clarice Little
RESIDENCE	San Francisco ~~Rupert~~	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ga
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 11/3 1919 E H Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-114-034-165

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka Registration District No. 19 File No. 73362

No. ..... St.

Primary Registration District No. 2015 Registered No. 207

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 14 1919

FATHER

FULL NAME Walter L. Kelley

RESIDENCE Minidoka

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Ireland

OCCUPATION Restaurant Prop

MOTHER

FULL MAIDEN NAME Sadie Jordan

RESIDENCE Minidoka

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Washington

OCCUPATION Housewife

Number of child of this mother, including present birth VI Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11 a M. on the date above stated.
(*Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Groom M.D.
(Physician or midwife)

Address Rupert Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 31 1919 E H Helmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869-120
005-753

PLACE O[illegible]

Form V. S. No. 11—25m-6-15-18

[illegible] IDAHO
[illegible] STATISTICS
[illegible] OF BIRTH 73363

County of B[illegible]

City of St Maries Ida

No. _____ St.

Hospital St Maries

Registration District No. 32

Primary Registration District No. 2049

File No. _____

Registered No. 77

Full Name of Child William Albert Horning

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.		Yes	10 - 20 19 9

FATHER		MOTHER	
FULL NAME	Frederick Albert Horning	FULL MAIDEN NAME	Eva Pelkey
RESIDENCE	Avery Ida	RESIDENCE	Avery Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Portage Wisconsin	BIRTHPLACE	Misoula Mont
OCCUPATION	Loc. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 40 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Elvenwall

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19 ____

Address St Maries

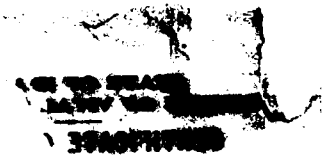
Registrar

Filed Nov. 6 1919 H E Hunt
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



168-118-005-1574

PLACE OF BIRTH

County of Benewah

City of St Maries Ida

No. ..... St.

Hospital St Maries

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73364

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. 76

Full Name of Child Gloria Johnson

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M				Yes	Oct 18 1919

FATHER

FULL NAME Oscar Johnson

RESIDENCE St Maries Ida

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Sweden

OCCUPATION Contractor

MOTHER

FULL MAIDEN NAME Agnes Anderson

RESIDENCE St Maries Ida

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Sweden

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Boy alive (Born alive or stillborn), at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Address St Maries

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 6 1919 [signature] Registrar

IN CASE OF MORE THAN ONE CHILD AT BIRTH, A SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IN UNFADING INK—THIS IS A PERMANENT RECORD

963-102-005-285

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital St. Maries

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 73365

Primary Registration District No. 2049 Registered No. 75

Full Name of Child William Calvin Rockwell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Oct. 2 1918

FATHER

FULL NAME: Frank Irvin Rockwell

RESIDENCE: St. Maries Idaho

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Minn. Minn.

OCCUPATION: County agricultural Agent

MOTHER

FULL MAIDEN NAME: Clara Louise Shearer

RESIDENCE: St. Maries Idaho

COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Fergus Falls Minn

OCCUPATION: Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address St. Maries

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 6 1918 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1976

469-216-005-331

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73366

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. 74

FULL NAME OF CHILD Loval T. Morris

Sex of Child	Twin, Triplet or other?— (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			3	Yes	9 16 1919

FATHER		MOTHER	
FULL NAME	William T Morris	FULL MAIDEN NAME	Fannie F Clawson
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo	BIRTHPLACE	Ind.
OCCUPATION	R.R. Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~) at 10,30 a M. on the date above stated.

(Signature) Owen D Platt
Phy
(Physician or midwife)

Address St Maries

Filed Nov 6 1919 H E Hunt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

764-128-005-255

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Benewah.

City of St Maries

No. 1221 College St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73367

Registration District No. 32 File No. 19628

Primary Registration District No. 2049 Registered No. 65

FULL NAME OF CHILD Harvey Osborn Godberry.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male.				Yes.	July	28	19 19

FATHER		MOTHER	
FULL NAME	William A. Godberry	FULL MAIDEN NAME	Jennie Kennedy.
RESIDENCE	St Maries.	RESIDENCE	St. Maries.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kan.	BIRTHPLACE	Kan.
OCCUPATION	Laborer.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

K ..... 19 .....

Registrar

(Signature) J. Kingsbury M.D. Physician

(Physician or midwife)

Address St Maries. Idaho.

Filed Oct 17 1919 H. E. Hunt

Registrar

MAY 1 4 1953

dup of 1919-187678

285-117-029-863

[redacted] IDAHO

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of .....

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73369

Registration District No. 61

Primary Registration District No. 2141

File No. .....

Registered No. 126

FULL NAME OF CHILD Leslie Charles Byers

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 17 1919

FATHER		MOTHER	
FULL NAME	Joseph E Byers	FULL MAIDEN NAME	Lonie Holden
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Kep

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Nelson

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

Oct 4 1919

N. H. Carothers
Registrar

Filed Oct 16 1919 N. H. Carothers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

437-116-025-666

Form V. S. No. 11-C—20m-9-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 61 File No. 73371

Primary Registration District No. 2141 Registered No. 132

FULL NAME OF CHILD Wayland Robert McGarvey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Oct 16 1919

FATHER

FULL NAME: Robert William McGarvey

RESIDENCE: Troy Idaho

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Woodstock Ontario Canada

OCCUPATION: Common Laborer

MOTHER

FULL MAIDEN NAME: Rose Ella Wood

RESIDENCE: Troy Idaho

COLOR: White AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Ricklard Keokuk co Iowa

OCCUPATION: housewife

Number of child of this mother, including present birth: 12

Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mayfield M.D. (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 24 1919 W. H. Carruthers Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

SEP 3 0 1942

669-115-028-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of Near Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 73372

Primary Registration District No. 2141 Registered No. 133

FULL NAME OF CHILD James Edward Worley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 15 1919

FATHER	MOTHER
FULL NAME James H. Worley	FULL MAIDEN NAME Myrtle Krieg
RESIDENCE near Moscow Idaho	RESIDENCE near Moscow Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Buncombe Co N. Carolina	BIRTHPLACE Buncombe Co N. C.
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 26 1919 W. H. Carothers

Registrar

Registrar

S-Y CO. 20174

235-228-029-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-6-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73373

Registration District No. 61 File No. .....

Primary Registration District No. 2141 Registered No. 139

FULL NAME OF CHILD Jennette Elva Stelly

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 28 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Herman Stelly	Ada May [illegible]
RESIDENCE	Moscow, Idaho R.D.	Moscow, Idaho R.D.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	22
BIRTHPLACE	Genesee, Idaho	Missouri
OCCUPATION	Farming	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

(Signature) Bracey L. Clark MD

(Physician or midwife)

Address Moscow, Idaho

Filed Nov 6 1917 W. H. Carruthers
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

JUN 15 1972

154-130-[illegible]

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Latah

City of Moscow

No. R.D. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 73374

Primary Registration District No. 2141 Registered No. 140

FULL NAME OF CHILD Clarence Richard Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 30 1919

FATHER		MOTHER	
FULL NAME	Clarence Floyd Anderson	FULL MAIDEN NAME	Hilma Mabel Lindquist
RESIDENCE	Moscow, Idaho. R.D.	RESIDENCE	Moscow - Idaho R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Moscow, Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:00 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Fortman

(Physician or midwife)

Given names added from a supplemental report.

Nov 7 1919

W. H. Carothers
Registrar

Address Moscow Idaho.

Filed Oct 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN ? 4 ~~94~~

595-228-029-261

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 73375

Primary Registration District No. 1011 Registered No. 136

Full Name of Child Valerie A. Nichols

SEX OF CHILD: Female	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Oct (Month) 28 (Day) 1919 (Year)	

FATHER		MOTHER	
FULL NAME	P. E. Nichols	FULL MAIDEN NAME	Mable Swanson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov 11 1919 W. H. Carothers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

258-130-029-735

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73376

Registration District No. 61

File No. .....

Primary Registration District No. 1011

Registered No. 135

Full Name of Child Earnest LeRoy Seymour

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Oct (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Augustus Seymour	FULL MAIDEN NAME	Nannie Glenn
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	N. C.
OCCUPATION	Laborer	OCCUPATION	Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ....., at 2-a-M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clark
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address .....

Filed Nov 4 1919 W. H. Carothers
Registrar

Certified copy issued 12-20-1940 D.P.

FORM V. S. NO. 27B.

STATE

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

73376

Place of Birth

City Moscow

Street and House No.

County Latah

Registered No. 61

Registration Dist. No. 1011

Sex of Child Male

Date of Birth Oct 30 1919
MONTH DAY YEAR

Father Arthur Seymour
FULL NAME

Mother Nannie Glenn
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Earnest Le Roy Seymour
GIVEN NAME IN FULL SURNAME

as reported by Arthur Seymour
FATHER OR MOTHER

W. H. Carithers
LOCAL REGISTRAR

256 227

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73377

Registration District No. 61

File No. .....

Primary Registration District No. 1011

Registered No. 134

Full Name of Child Vivian C. Snowden

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		yes	Oct 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. E. Snowden	FULL MAIDEN NAME	Ina C. Baily
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3 - 4 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov 4 1919 W. H. Carothers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1948

366-120-029-466

Form V. S. No. 11—25m-6-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73378

Registration District No. 61

Primary Registration District No. 1011

File No. .....

Registered No. 137

Full Name of Child Darrel Lown

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:	Legitimate? yes	DATE OF BIRTH: Oct. 20 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	H. O. Lown	FULL MAIDEN NAME	Mabel C. Moore
RESIDENCE	Moscow	RESIDENCE	Moscow >
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	S. D.
OCCUPATION	Stationary Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 9 a — M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~midwife~~)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 4 1919 W. H. Carothers Registrar

239-119-029-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73379

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 138

Full Name of Child George Striver

SEX OF CHILD Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | DATE OF BIRTH Oct. 19 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME W. C. Striver	FULL MAIDEN NAME Bettie McMillian
RESIDENCE Moscow	RESIDENCE Moscow
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo
OCCUPATION Grain Buyer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov 4 1919 W. H. Carruthers Registrar

APR 29 1955

SEP 10 1962

742-119-029-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 73380

County of Latah

City of Moscow

No. R.F.D. St.

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 130

Hospital

FULL NAME OF CHILD Lee Donald Gustafson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 19, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Gustafson	Alice Davidson
RESIDENCE	Moscow, Idaho R.F.D.	Moscow, Idaho R.F.D.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	33
BIRTHPLACE	Sweden	Minnesota
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Pittman
(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report.

Nov. 16 1919

W. H. Carruthers
Registrar

Filed Oct. 24 1919 W. H. Carruthers
Registrar

664-130-029-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 64

Primary Registration District No. 1011

File No. 73381

Registered No. 125

FULL NAME OF CHILD Howard Walter Fournier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anthony Fournier	FULL MAIDEN NAME	Anna Senecal
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Wis
OCCUPATION	Machinist	OCCUPATION	Laborer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adams

Moscow Idaho
(Physician or midwife)

Given names added from a supplemental report.

Nov 3 1919

Address .....

N H Carithers
Registrar

Filed Oct 16 1919

N H Carithers
Registrar

963-108-029-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 73382

Primary Registration District No. 10.11 Registered No. 12th

FULL NAME OF CHILD Charles Milton Rotzler

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert R Rotzler	Ella J. Hanson
RESIDENCE	Robert R Rotzler Moscow	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	34
BIRTHPLACE	Iowa	Mich
OCCUPATION	Carpenter	House Keeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 Lb 6 oz P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Adams

Moscow Idaho
(Physician or midwife)

Given names added from a supplemental report.

Oct. 3rd 1919

W H Carruthers
Registrar

Address Moscow

Filed Oct 16 1919 W H Carruthers
Registrar

112-230-029-148

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11—2

[redacted] OF IDAHO
BU[redacted]ITAL STATISTICS
[redacted]TE OF BIRTH

Registration District No. 6

File No. 73383

Primary Registration District No. 1011

Registered No. 122

Full Name of Child MARY EDNA JABBORA ~~Mary E. Jabora~~

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Sept (Month) 30 (Day) 1919 (Year)

FULL NAME Thomas	FATHER JABBORA ~~Jabora~~	FULL MAIDEN NAME Effie	MOTHER Juhnke ~~Jonkie~~
RESIDENCE Moscow		RESIDENCE Moscow	
COLOR	AGE AT LAST BIRTHDAY 34 (Years)	COLOR white	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Syria		BIRTHPLACE Wash	
OCCUPATION Laborer		OCCUPATION Housewife	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 3 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Moscow

Filed Oct 8 1919 N S Carothers

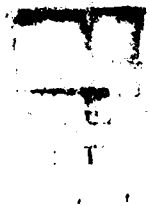
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



DEC 21 19[illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Kootenai } ss.

Certificate No. 73383

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Edna Jabbora (Name on Original Certificate) who Was Born (Was Born or Died) on 9-30-1919 (Date of Event)
in Moscow Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Jabora	Jabbora
Name	Unnamed	Mary Edna
Mother's name	Jonkie	Effie Juhnke

Subscribed and sworn to before me this 16 day of Dec, 1942

Notary Public in and for the State of Idaho residing at Orofino therein.

Notary Public, residing at

My commission expires Commission expires Jan. 22, 1943.
(Seal)

Signed Mrs Effie Juhnke Jabbora
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Orofino Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of Dec, 1942

Notary Public in and for the State of Idaho residing at Orofino therein.

Notary Public, residing at

My commission expires Commission expires Jan. 22, 1943.
(Seal)

Signed Thomas Jabbora
(Signature of Any Credible Person Other Than Previous Year)

Orofino Idaho
(Street Address, City, State)

DEC 2 2 1942

689-222-029-691

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 73384

Primary Registration District No. 1011 Registered No. 12

FULL NAME OF CHILD Dorothy E. Whitted

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. A. Whitted	FULL MAIDEN NAME	Pearl E. Frame
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ind
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 3 1919 M. Harithers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

962-203-029-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73385

County of Latah

City of Moscow

Registration District No. 101

File No.

No. St.

Primary Registration District No. 1011

Registered No. 123

Hospital Inland Hosp.

FULL NAME OF CHILD Maryluicille Rokke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 3 1919

FATHER		MOTHER	
FULL NAME	Leif Rokke	FULL MAIDEN NAME	Edith Mack
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Carruthers M. D.
(Physician or midwife)

Address Moscow

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 3 1919 N. H. Carruthers
Registrar

MAY 31 1963
FEB 28 1975
JUN 12 1944

292-211-029-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Latah

City of Moscow

No. B. D. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73386

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 129

FULL NAME OF CHILD Leona Janette Kissinger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct. 11 1919

FATHER		MOTHER	
FULL NAME	Homer Kissinger	FULL MAIDEN NAME	Martha Mack
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L. Gritman

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Moscow, Idaho

Filed Oct 24 1919 W. H. Carithers

Registrar

MAR 26 1945

464-115-029-635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Barthers

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 73387

Registration District No. 61 File No. .....

Primary Registration District No. 10.11 Registered No. 129

FULL NAME OF CHILD Louis Lester Douglas

Sex of Child: Male. Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes Date of Birth Oct 15 (Month) (Day) 191.9 (Year)

FATHER	MOTHER
FULL NAME: Roy John Douglas	FULL MAIDEN NAME: Lillian M. Otness
RESIDENCE: Moscow	RESIDENCE: Moscow
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Moscow Ida
OCCUPATION: Chauffer	OCCUPATION: Housewife

Number of child of this mother, including present birth: I Number of children of this mother now living, including present birth: I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:65 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Barthers

Physician (Physician or midwife)

Address Moscow Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 15 1919 M. H. Barthers Registrar

FEB 2 5 1975

DEC 3 1 1941

236-205-029-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73388

Registration District No. 61

File No. .....

Primary Registration District No. 1011

Registered No. 128

FULL NAME OF CHILD Carol Winifred Stone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Oct 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm J. Stone	FULL MAIDEN NAME	Gertrude V. Butler
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Hardware Clerk	OCCUPATION	House Keeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

W. A. Adair
(Physician or midwife)

Given names added from a supplemental report.

Nov 3 1919

Address Moscow Idaho

W. H. Carothers
Registrar

Filed Oct 16 1919 W. H. Carothers
Registrar

FEB 22 1966

523-112-029-436

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 73389

Primary Registration District No. 10.11 Registered No. 127

FULL NAME OF CHILD Asa Rupert Estes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 12 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. G. Estes	Annie McPherson
RESIDENCE	Moscow Idaho	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	46
BIRTHPLACE	Idaho	Iowa
OCCUPATION	Farmer	Home Keeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 35-6 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Nelan

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

Nov 3 1919

W. H. Carruthers
Registrar

Filed Oct 16 1919 W. H. Carruthers
Registrar

493-226-029-248

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73390

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 125

FULL NAME OF CHILD Grace Caroline Millard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Aug 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John B. Millard	FULL MAIDEN NAME	Elsie L. Kuhl
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis
OCCUPATION	Herdsman	OCCUPATION	House Keeping

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adams (Physician or midwife)

Given names added from a supplemental report.

Oct 24 1919

W. H. Carothers Registrar

Address Moscow Idaho

Filed Oct 16 1919 W. H. Carothers Registrar

APR 10 1944

MAR 26 1973

331-120-024-231

Amended 8-7-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73391
Local Reg. No.
Reg. Dist. No. 2014

1. PLACE OF BIRTH
a. COUNTY: Gooding
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hagerman
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hagerman
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lloyd
b. (Middle): Keith
c. (Last): Clark

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 20, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Henry
b. (Middle): L.
c. (Last): Clark

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Missouri

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Audrey
b. (Middle):
c. (Last): Stark

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Nebraska

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. E. Lamb, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Gooding, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11-7-1919

22. REGISTRAR'S SIGNATURE: F. T. Cary, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

...he district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
...N OF VITAL STATISTICS, BOISE, IDAHO.

documents listed on back -

THIS IS AN AFFIDAVIT TO SHOW AND VERIFY THE BIRTH OF:

LLOYD KEITH CLARK

BORN ON: October 20th 1919

AT: Gooding Idaho

FATHER: HENRY LLOYD CLARK

MOTHER: AUDREY BERNEICE STARK

my reasons for having kowledge of this birth are:
I am his grand-mother

SIGNED BY: Florrie A. Stark
(name)

(age now) 93

(age at the time of this birth) 45

(address) Hagerman Idaho

David O. Nicholson
NOTARY PUBLIC:
Hagerman Idaho
March 15-1967

SEAL:

Father's Death Cert. on file: (Idaho Death) #3487 gives full name as Henry Lloyd Clark - viewed by V.S. died in 1952 -

Child's Birth Cert. on file: (Idaho Birth) #422744 gives full name of father as Lloyd Keith Clark - viewed by V.S.

Certificate of Marriage, State of Washington, County of Yakima, No. 25564, married March 11, 1943 at Harrah, Washington gives full name of groom as Lloyd Keith Clark and full name of bride as Eunice Evelyn Gallipo - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S. No. 11-C—25m-3-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73391

County of Gooding

City of Hagerman

Registration District No. 2014

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Clarke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 20 1919

FATHER		MOTHER	
FULL NAME	Henry Clarke	FULL MAIDEN NAME	Audrey Stock
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H [illegible]

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding Ida.

19

Filed 11-7-1919 F. J. Cary M. D.
Registrar

Registrar

S-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 7 1967

COLOR

238-114-024-419

Form A. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73392

Registration District No. 2014 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Schild

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 14 1919

FATHER		MOTHER	
FULL NAME	Otto Schild	FULL MAIDEN NAME	Clara Martin
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oldenburg-Germany	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Lamb M.D.
(Physician or midwife)

Address Gooding

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-7-1919 F. L. Carey M.D.
Registrar

S-Y-CO 38071

JUN 1 5 1967

369-128-024-795 ADDED CHILD'S NAME 9-17-99 MS

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73393

County of Gooding

City of Gooding

No. ____ St.

Registration District No. 2014 File No. ____

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD BILL BRADRICK Cortner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 28 1919

FATHER		MOTHER	
FULL NAME	Merle Cortner	FULL MAIDEN NAME	Bessie Green
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Michigan	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

(Signature) H E Lamb

M. D.

(Physician or midwife)

Address Gooding Ida.

Filed 11—7—1919 F. T. Carey M. D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

9-14-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of Sacramento } ss.

Certificate No. 1919-73393
Date Filed NOV. 7, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED CORTNER (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on OCT. 28, 1919 (Date of Event)

in GOODING (GOODING) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED CORTNER	BILL BRADRICK CORTNER

Subscribed and sworn to before me this 16th day of September, 1999.

Notary Public, Nadine Williamson

Residing at Carmichael, CA

My commission expires 12/17/99

NADINE WILLIAMSON
COMM. #1078993
NOTARY PUBLIC - CALIFORNIA
SACRAMENTO COUNTY
My Comm. Expires DEC 17, 1999

Bill B Cortner
Signature of Applicant

4401 Stoney Way
Carmichael Ca. 95608
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

} ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

500 pcl

STATE OF CALIFORNIA MARRIAGE CERTIFICATE SHOWS BILL BRADRICK CORTNER AND BARBARA JAY BABCOCK WERE MARRIED MAY 9, 1944 IN SAN FRANCISCO CA VIEWED VS.

HONORAGLE DISCHARGE FROM THE UNITED STATES NAVY SHOWS BILL BRADRICK CORTNER WAS HONORABLEY DISCHARGED 9/23/1945 VIEWED VS.

257-103-024-785

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73394

Registration District No. 2014 File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Bean — DALE HANNIBLE BEAN

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 3 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fletcher Bean	Irene Greamore
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. E. Lamb

M. D.

(Physician or midwife)

Address Gooding, Ida.

Filed 11-7- 1919 F. F. Cary M.D.

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois }
County of Bond } ss.

Certificate No. 73394

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Bean	Dale Hannible Bean

Subscribed and sworn to before me this 14th day of March, 1942

M. M. Willber

Notary Public, residing at SORENTO, ILL.

My commission expires January 29-1946

(Seal)

Signed Mrs Irene Bean (mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

SORENTO, ILL.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois }
County of Bond } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1942

M. M. Willber

Notary Public, residing at SORENTO, ILL.

My commission expires January 29-1946

(Seal)

Signed Daisy Young (sister)

(Signature of Any Credible Person Other Than Previous Years)

(Street Address, City, State)

MAR 19 1942

AUG 13 1975

795-208-024-755

(Be sure the information is complete and accurate)

Amended 7-27-66

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73395
Local Reg. No.
Reg. Dist. No. 2014

1. PLACE OF BIRTH

a. COUNTY: Gooding

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bliss

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Gooding

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bliss

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Frances

b. (Middle): Adair

c. (Last): Pinkham

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 8, (Year) 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Charles

b. (Middle): A.

c. (Last): Pinkham

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ada

b. (Middle):

c. (Last): Pence

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. E. Lamb, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Gooding, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11-7-1919

22. REGISTRAR'S SIGNATURE: F. T. Cary, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

...the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ON OF VITAL STATISTICS, BOISE, IDAHO.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73395

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Pinkham (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 8, 1919 (Date of Event)
in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Frances Adair Pinkham
Child's Place of Birth	Not Given	Bliss, Idaho - Gooding Co.
Full Name of Father	Charley Pinkham	Charles A. Pinkham

Subscribed and sworn to before me this 13th day of September, 1961

Ruth Anne Clay

Notary Public, residing at 5034 E. 13th St. Tucson

My commission expires. My Commission Expires Oct. 29, 1963
(Seal)

Signed Grace Pinkham James
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1133 E. Missouri St. Tucson, Arizona
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Francisco } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of September, 1961

Bill Redated

Notary Public, residing at San Francisco Calif

My commission expires October 31 - 1962
(Seal)

Signed Jackson P. Pinkham
(Signature of Any Credible Person)

42 Sanchez, San Francisco Calif.
(Street Address, City, State)

FORM DH 60-155 CL 8-31-61. ~~nn~~ one copy pd. rec. #12375.

Certificate of Baptism, Trinity Church, Gooding, Idaho, baptized Oct. 2, 1921 gives full name as Frances Adair Pinkham, born October 8, 1920 to Ada Pinkham and Charles Pinkham - viewed by V.S.

Photo Copy of Own Child's Birth Certificate, State of California, child born Feb. 3, 1943 at Los Angeles, California gives full name of father as Joseph Tausch and full maiden name of mother as Frances Adair Pinkham, age 23, birthplace-Bliss, Idaho - viewed by V.S.

Photo Copy of U.S. Social Security Application for Account# Number, dated July 6, 1937, #525-12-4702 gives full name as Frances Adair Pinkham, born October 8, 1919 at Bliss, Idaho to Charles A. Pinkham and Ada Edna Pence - viewed by V.S.

Statement from Forest Lawn Memorial-Park, for funeral services for Charles Augustus Pinkham, acc. no. 661780, dated May 16, 1956 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73395

County of _____

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 2014 **File No.** _____

Primary Registration District No. _____ **Registered No.** _____

FULL NAME OF CHILD Pinkham

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Oct. 8 (Month) (Day) 1919 (Year)

FATHER		**MOTHER**	
FULL NAME	Charley Pinkham	**FULL MAIDEN NAME**	Ada Pence
RESIDENCE	Bliss	**RESIDENCE**	Bliss
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY (Years)	40	**AGE AT LAST BIRTHDAY** (Years)	36
BIRTHPLACE	Idaho	**BIRTHPLACE**	Idaho
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 4 **Number of children of this mother now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 12:30 P.M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____
Registrar

Address Gooding Ida

Filed 11—7—1919 F. T. Cary M. D.
Registrar

S-Y-CO 38071

JUL 27 1966

917-216-024-512

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73396

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 2014 File No. .....

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Ruth Ragland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl F. Ragland	Ava Eastman
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Kansas	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A M. on the date above stated.

(Signature) H E Lamb

M. D.
(Physician or midwife)

Address Gooding Ida

Filed 11-7-1919 F. F. Carey M. D.
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

316-105-024-255

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 2014

File No. 73397

Primary Registration District No. 1014

Registered No. .....

FULL NAME OF CHILD Baby Lawler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	11-5-19

FATHER		MOTHER	
FULL NAME	J. P. Lawler	FULL MAIDEN NAME	Nellie Devington
RESIDENCE	Gooding Ida.	RESIDENCE	Gooding Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 4 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Carey M.D.

(Physician or midwife)

Address Gooding Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-7-1919 F. T. Carey Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-114-024-312

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73398

County of Gooding

City of Gooding

No. _____ St.

Hospital _____

Registration District No. 2014 File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Scott, Vernon Chester

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 14 1919

FATHER		MOTHER	
FULL NAME	Edward Scott	FULL MAIDEN NAME	Bessie Coats
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

(Physician or midwife)

Given names added from a supplemental report.

Address Gooding Ida.

19

Filed 11-7-1919 F. J. Cary M.D.

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-110-029
168 PLACE OF BIRTH

Form V. S. [redacted] 11—25m-6-15-18

STATE OF IDAHO
[redacted]AU OF VITAL STATISTICS

County of Latah

CERTIFICATE OF BIRTH

73399

City of Troy

Registration District No. 64

File No.

No. ____ St.

Primary Registration District No. 2144

Registered No.

Hospital

Full Name of Child Kenneth Olaf Johnson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male			yes	October 10 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Johnson	Augusta Johnson
RESIDENCE	Troy	Troy
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	48	36
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Laborer	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 3.30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. V. McCall

Phys.
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

Oct 10 1919

J. E. Pickard
Registrar

Filed Oct 10 1919 J. E. Pickard
Registrar

Form V. S. M. 1

BUREAU

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

City of Troy
817-210-029-413
No. ..... St.

Registration District No. 64

File No. 73400

Primary Registration District No. 2144

Registered No. .....

~~Hospital~~ Home

FULL NAME OF CHILD Loette Maxine Hagan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		2	Yes.	Oct 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Simon Hagan	FULL MAIDEN NAME	Emma L Dalberg
RESIDENCE	Troy	RESIDENCE	Troy 30
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	South Dacota	BIRTHPLACE	Deary
OCCUPATION	Clerk	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Hinkle
Physician
(Physician or midwife)

Given names added from a supplemental report.

Oct 10 1919

Address Troy

J E Pickerd
Registrar

Filed Oct 11 1919

J E Pickerd
Registrar

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAY 2 9

STATE OF IDAHO
County of .....

235-218-006-314

Form V. [illegible] C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73401

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. ..... St.

Primary Registration District No. 1007

Registered No. 241

Hospital ..... Eva Lelah

FULL NAME OF CHILD ~~Unnamed~~ Stevenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
FEMALE ~~male~~		yes	Oct 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Milton L Stevenson	FULL MAIDEN NAME	Augusta L Lauterbach
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Minn.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas O Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

..... 19.....

Filed Oct 7 1919 Mrs Walter E Fowler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
SANITARY ENGINEER
BUREAU OF CHILD HYGIENE
VITAL STATISTICS

LEWIS WILLIAMS, COMMISSIONER

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

INSTITUTIONS
LAVA HOT SPRINGS - - - - - LAVA
IDAHO SOLDIERS' HOME - - - BOISE
STATE HOSPITAL NORTH - - OROFINO
STATE SCHOOL AND COLONY - NAMPA
STATE HOSPITAL SOUTH - BLACKFOOT

C. BEN ROSS, GOVERNOR

Sept. 9, 1935

Dr. James O. Hampton,
Blackfoot, Idaho.

Dear Doctor Hampton:

On the birth certificate of the Stevenson baby, born in Blackfoot on October 18, 1919, you have it marked "Male". The child was unnamed when the certificate was sent in to this office to be filed. The mother now requests a certified copy of this birth record but says the child's name is Eva Lelah Stevenson, so it must be a female. Will you kindly check your records of that date and make a notation on the bottom of this letter?

We are enclosing a stamped addressed envelope for an immediate reply as Mrs. Stevenson seems to be quite anxious to obtain this certified copy.

Thanking you in advance for your promptness, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS
Pearl Dillingham
PEARL DILLINGHAM
STATE REGISTRAR

PBA

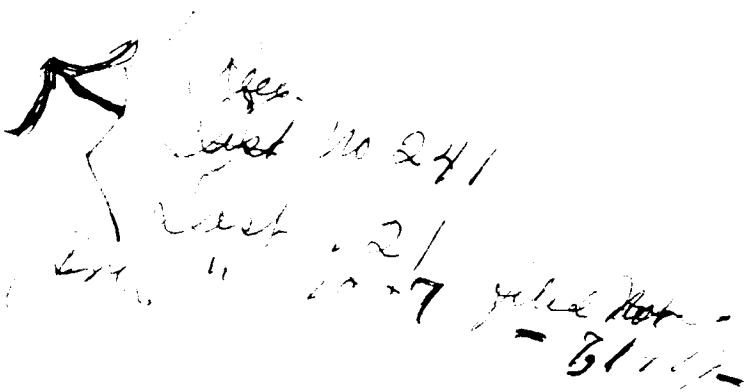
The mother's maiden name on this certificate is given as Augusta F. Lauterback, and on another certificate of another child it is given as Freda Dorman, Which is correct?

Dear Mrs. Dillingham

According to the county records The certificate was marked "Male", However I think the error was made because the child was not named at that time. The Mothers Maiden name was Augusta F. Lauterback.

Yours truly,
J. O. Hampton M.D.

DEC 24 1974
AUG 7 1972



815-228-006-362

PLACE OF BIRTH
Amended 8-17-81

Form V. S. No. 11—25m-6-

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland prect.

No. ..... St.

Hospital .....

Registration District No. 121

File No. 73402

Primary Registration District No. 2194

Registered No. 242

Full Name of Child Edith Alice Yancey

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Female				yes	Oct (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James H Yancey	FULL MAIDEN NAME	Effie Jane Cobbley
RESIDENCE	Blackfoot R 4 #1	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos O Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Blackfoot Idaho

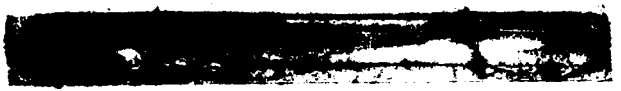
Filed Oct 7 1919 Nov. Mrs Walter E. Patrick

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



4-24-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Davis } ss.

Rec'd July 22, '81

Certificate No. 73402
Date Filed

The undersigned does solemnly swear that certain facts of the certificate of birth

for Unnamed Yancey (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-28-19 (Date of Event)

in Groveland (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Edith Alice Yancey

Subscribed and sworn to before me this 15th day of July, 1981.

Notary Public, Ray M. Bradley
Residing at Salt Lake City, Utah
My commission expires June 6, 1983
(Seal)

Edith Alice Yancey Bradley
Signature of Applicant

1171 Oxford Lane
Street Address, City, State
Bountiful, Utah 84010

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Cert of Baptism from LDS Church gives Edith Alice Yancey Bradley born 10-28-19 to James H Yancey and Effie J Cobbley at Groveland, ID. Baptised 2-4-28 a Bountifyl 29th Ward, Bountiful Central Stake. Viewed by V.S.

AUG 17 1981

LDS Church Cert of Blessing gives Edith Alice Yancey born 10-28-19 at Groveland, to James Henry Yancey and Effie Jane Cobbley blessed 12-7-19 at Bountiful 29th ward Bountiful Central Stake. Viewed by V.S.

864-201-006-993

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73403
Local Reg. No. 243
Reg. Dist. No. 121

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Utah b. COUNTY: Cache
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Benson Ward (near Logan)
d. STREET ADDRESS (If rural, give location): RFD

3. CHILD'S NAME (Type or print) a. (First): MARGARET b. (Middle): BERNICE c. (Last): YOUNG

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____ — 7:40 p.m.
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): October 1, 1919

FATHER OF CHILD

7. FULL NAME a. (First): William b. (Middle): Richard c. (Last): Young

8. AGE (At time of this birth): 35 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Fairview, Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Jennie b. (Middle): c. (Last): Ricks

13. AGE (At time of this birth): 33 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Benson Ward, Cache Co., Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Jennie Young Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. W. Beck
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Blackfoot, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Nov. 7, 1919
22. REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: Caucasian
RACE OR COLOR OF MOTHER: Caucasian
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

NOV 30 1977

816-102-006-219

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 73404

No. RD# 3 St.

Primary Registration District No. 2194

Registered No. 244

Hospital

FULL NAME OF CHILD Unnamed Hofer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Oct 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	August Hofer	FULL MAIDEN NAME	Louie Barnard
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	[illegible] (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Oct 7 1919 Mrs Hulen E. Patrick

Registrar Registrar

Nov

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-212-006-693

Amended 12-10-63

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

Federal Security Agency
United States Public Health Service

State File No. 73405
Local Reg. No. 246
Reg. Dist. No. 121

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): R.D. #2

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (*Type or print*)
a. (First): Martha
b. (Middle):
c. (Last): Harman

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH (Month) (Day) (Year): Oct. 12, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Raymond
b. (Middle): M.
c. (Last): Harman
8. COLOR OR RACE: White
9. AGE (At time of this birth): 29 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Utah
11a. USUAL OCCUPATION: Farming
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Martha
b. (Middle): D.
c. (Last): Williams
13. COLOR OR RACE: White
14. AGE (At time of this birth): 22 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Utah
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: W. W. Beck
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Blackfoot, Ida.
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov. 7, 1919
20. REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(*This section MUST be filled out*)

...dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

(c) State all operations for delivery.....

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED NOV 18 1963

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73405

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Harmon (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 12, 1919 (Date of Event)
in Blackfoot, Idaho RD #2 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on Dec 7 1919, Mar 3, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Martha Harman
Full Name of Father	Raymond Misa Harmon	Raymond Matheis Harman
Full Maiden Name of Mother	Druciella Williams	Martha Drucella Williams

Subscribed and sworn to before me this 13th day of November, 1963

Notary Public, residing at Las Vegas, Nevada
My commission expires MY COMMISSION EXPIRES AUGUST 27, 1967
(Seal)

Signed Ben George Harman (Brother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1916 Crawford Ave. Las Vegas, Nev.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Clark }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of November, 1963

Notary Public, residing at Las Vegas, Nevada
My commission expires MY COMMISSION EXPIRES AUGUST 27, 1967
(Seal)

Signed Mrs Colleen Harman (Sister-in-Law)
(Signature of Any Credible Person)

1916 Crawford Ave. Las Vegas, Nev.
(Street Address, City, State)

FORM DH 60.155 CL 11-4-63. one copy pd. rec. #12661.

L.D.S. Church Certificate of Blessing, Dec. 7, 1919 gives full name as **Martha Harman**, daughter of Raymond M. Harman and Drucillia Williams, born Oct. 12, 1919 at Thomas, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Mar. 4, 1928 gives full name as Martha Harman, daughter of Raymond Harman and Martha D Williams, born Oct. 12, 1919 at Thomas, Idaho - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #147007 gives full name of father as Raymond M. Harman - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #147885 gives full name of deceased as Raymond Mathis Harman, died March 26, 1946, full name of wife is given as Martha D. Williams - viewed by V.S.

Patriarch Record, L.D.S. Church, dated May 16, 1932, Groveland Ward, Blackfoot Stake, Idaho gives full name as Martha Druceila (Williams) Harman, daughter of John Reese Williams and Martha Jane (Horton) Williams, born April 30, 1897 at Greenville, Beaver County, Utah. - viewed by V.S.

letter received Dec. 10, 1963 requested that parents names be added as Raymond M. Harman and Martha D. Williams - vs

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RFH 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 73405

Primary Registration District No. 2144 Registered No. 246

FULL NAME OF CHILD Unnamed Harmon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raymond Misa Harmon	FULL MAIDEN NAME	Druciella Williams
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida

19

Filed Oct 7 1919 Mrs Walter E. Patrick

Registrar Registrar

Nov

DEC 11 1963

154-204-006-453

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Blackfoot~~ Pingree

Registration District No. 121

File No. 73406

No. ..... St.

Primary Registration District No. 2194

Registered No. 243

Hospital .....

FULL NAME OF CHILD Unnamed Andersen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Christian Andersen	FULL MAIDEN NAME	Sarah Elvira Mecham
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Filed Oct 7 1919 Wm Walter E. Pavie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-103-006-719 name added 8-17-84 dl

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 73407

Primary Registration District No. 2194 Registered No. 247

FULL NAME OF CHILD ~~Unnamed~~ Lawrence Leland Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Anderson	FULL MAIDEN NAME	Margarete Greta Parker
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweeden	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Idaho

Filed Oct 7 1919 Mrs Hattie E. Patrick

Registrar Registrar

Nov.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-13-84

RECEIVED
AUG 17 1984
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake } ss.

Certificate No. 73407
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 3, 1919 (Date of Event)

in Moreland (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lawrence Leland Anderson

Subscribed and sworn to before me this 15th day of August, 1984

Notary Public, Lora M. Armstrong

Residing at SLC, Ut

My commission expires 3/12/87

(Seal)

x Lawrence Leland Anderson
Signature of Applicant

x 5286 S. 2100 East
Street Address, City, State
SLC, Ut 84117

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.

Notary Public,

Residing at

My commission expires

(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

Certificate of Birth from LDS Church gives Lawrence Leland Anderson born Oct 3, 1919 in Moreland to Ernest Anderson and Iretta Parker Entered on record Nov 2, 1919. Viewed by vS.

Ins. Policy from Bankers Life ins states Name as Lawrence L. Anderson . Dated Dec 16, 1940 Viewed by V.S.

AUG 17 1984

165-213-006-719

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73408

County of Bingham

City of Blackfoot

No. R D # 3 St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 248

Hospital

FULL NAME OF CHILD Kayola Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orson W. Jones	Janet Gardner
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	39
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:15 P. M. on the date above stated.

(Signature) W. G. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Filed Oct 7 1919 Mrs Helen E Patrie

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bingham } ss.

Certificate No. 73408

JUN 16 1945
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jones (Name on Original Certificate) who born (Was Born or Died) on October 13, 1919 (Date of Event)
in Blackfoot-Bingham-Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on September 2, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jones	Rayola Jones

Subscribed and sworn to before me this 9th day of June, 1945.
Jesse D. Barger
Notary Public, residing at Pocatello, Idaho
My commission expires 8-30-47
(Seal)

Signed Orson W Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 3, Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June, 1945.
Jesse D. Barger
Notary Public, residing at Pocatello, Idaho
My commission expires 8-30-47
(Seal)

Signed W. W. Beck, M.D.
(Signature of Any Credible Person)
Blackfoot, Idaho
(Street Address, City, State)

MAR 3 1 1975

JUN 1 8 1945

864-114-006-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 73409

No. RD # 2 St.

Primary Registration District No. 2194

Registered No. 249

Hospital

FULL NAME OF CHILD Unnamed Homer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard G Homer	FULL MAIDEN NAME	Elina Josephine Petersen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida

19

Filed Oct 7 1919 Mrs Walter E Patrick

Registrar

Registrar

Nov.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-26-006-299

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital ..... GARALD ARZA

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-3-3-17

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 73410

Primary Registration District No. 1007 Registered No. 258

FULL NAME OF CHILD ~~Unnamed~~ Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 26 1919

FATHER		MOTHER	
FULL NAME	Arza Elmo Wright	FULL MAIDEN NAME	Essie Myrtle Brimhall
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Express agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. W. Beck

Physician

(Physician or midwife)

Address Blackfoot, Idaho

Filed Oct Nov 7 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 73410

Date Filed Apr. 14, 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Garald Arza Wright (Name on Original Certificate) who was born (Was Born or Died) on Oct. 26, 1919 (Date of Event) in Blackfoot Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Nov. 25, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Wright	Garald Arza Wright
Garald Arza Wright		

Subscribed and sworn to before me this 14th day of April, 19 43.

Signed Glenn G. Wright Uncle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Long Beach, Calif.

My commission expires My Commission Expires June 10, 1943
(Seal)

1421 Temple
(Street Address, City, State)
Long Beach Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of April, 19 43.

Signed Mildred Wright Jordan
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Long Beach, Calif.

1400 Temple,
(Street Address, City, State)
Long Beach, Calif

My commission expires My Commission Expires June 10, 1943
(Seal)

APR 19 1943

JAN 19 1948

415-227-006-561

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD# 2 St.

Registration District No. 121

File No. 73411

Primary Registration District No. 2194

Registered No. 251

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Leah Dance

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Le Roy Dance	FULL MAIDEN NAME	Lillie Noack
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Oct 7 1919 Mrs Walter E. Patrick
Nov.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1944

395-128-006-353

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73412

County of Bingham

City of Blackfoot

No. R D # St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 252

Hospital

FULL NAME OF CHILD Unnamed Lindquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 28 1919

FATHER		MOTHER	
FULL NAME	Victor E. Lindquist	FULL MAIDEN NAME	Johanna Tellekamp
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	64	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweeden	BIRTHPLACE	Holland
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed Oct 7 1919 Mrs Nathie E. Patrie

Registrar

Nov.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-131-006-451

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73413

County of Bingham

City of Blackfoot

No. RD # 1 St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 203

Hospital

FULL NAME OF CHILD Gerald E. Sorensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct 31 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ephriam Sorensen	FULL MAIDEN NAME	Luella Dean
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Oct 7 1919 Mrs Nadia E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1944

168-102-006-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Wapello —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 73414

Primary Registration District No. 2194 Registered No. 294

FULL NAME OF CHILD William Johnston

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	V and	Two	Yes	Oct 2 — 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John William Johnston	FULL MAIDEN NAME	Helen Troop —
RESIDENCE	Wapello —	RESIDENCE	Wapello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oregon —
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Summons M.D.

(Physician or midwife)

Address Blackfoot Idaho —

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 7 19 17 Mrs Helen E Oatman Registrar

299-220-006-168

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Co Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73415

Registration District No. 121 File No. .....

Primary Registration District No. 1007 Registered No. 255

FULL NAME OF CHILD Florence Nightengale Kirby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		X	Yes	Oct 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Kirby	FULL MAIDEN NAME	Agnes Johnston
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot, Idaho

Filed Nov 7 1919 Mrs Walter E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 29 1919

65-9-122-006-9/6

Amended 4-23-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73416
Local Reg. No. 256
Reg. Dist. No. 121

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Oswald b. (Middle): c. (Last): Weinrich, Jr.

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Oct. 22, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Oswald b. (Middle): c. (Last): Weinrich

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
27 YEARS	Missouri	Driver	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Bessie b. (Middle): c. (Last): Rawlins

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
23 YEARS	California	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. J. Simmons, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Blackfoot, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 7, 1919

22. REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

...he district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...N OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH 4-9-65

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73416

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Oswald Wenrich, Jr. (Name on Original Certificate) who was born (Was Born or Died) on Oct. 22, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's last name	Wenrich	Weinrich
Father's last name	Wenrich	Weinrich

Subscribed and sworn to before me this 23 day of APRIL, 1965

Notary Public, residing at BOISE, IDAHO
My commission expires JULY 6, 1965
(Seal)

X Signed Oswald Weinrich Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Honorable Discharge gives name as Richard L. Weinrich born Oct. 22, 1919 at Blackfoot, Idaho
Discharged Feb. 1, 1946
Viewed by V. S.

Twin Falls High School Diploma gives name as Richard L. Weinrich.
Graduated May 28, 1937.
W. B. Smith, Supt. of Schools.
Viewed by V. S.

Name was legally changed through Court Order from Oswald to Richard L. in May 26, 1936. First name can not be changed on Certificate.

Court Order for change of name lists the father's name as Oswald Weinrich.

Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Shilling Ave St.

Hospital

Registration District No. 121

Primary Registration District No. 1007

File No. 73416

Registered No. 256

FULL NAME OF CHILD Oswald Wenrich Jr.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	One	Yes	Oct 22 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oswald Wenrich	FULL MAIDEN NAME	Bessie Rawlins
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	California
OCCUPATION	Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Summons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Nov 7 1919 Mrs Ouetta E. Patrick

Registrar

Registrar

NOV 20 1962

APR 23 1965

433-225-006-866

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Porterville St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73417

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 257

FULL NAME OF CHILD Fae McCauley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		~~7th~~	Yes	Oct 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank L. McCauley	FULL MAIDEN NAME	Alice Howe
RESIDENCE	Porterville	RESIDENCE	Porterville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~47~~ 41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Nov 7 1919 Mrs Walter E Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Merced }

J.L.J. N.P.

Certificate No. 73417

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Margaret McCauley (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct 25, 1919 (DATE OF EVENT)
in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by the State records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct. 25th., 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Margaret McCauley	Fae McCauley

Subscribed and sworn to before me this 31st
day of January, 19 42

J. L. Duncan
Notary Public, residing at Los Banos, Calif
My commission expires Mar. 11, 1944
(SEAL)

Signed Alice H. McCauley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
411 - "J" St, Los Banos, Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 8 1942
MAR 10 1942

753-113-006-612

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Tabor

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2194

File No. 73418

Registered No. 258

FULL NAME OF CHILD Unnamed Petrie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Oct 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Petrie	FULL MAIDEN NAME	Gertrude Fassbender
RESIDENCE	Tabor	RESIDENCE	Tabor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Idaho

Filed Nov 7 1919 Mrs Oralee [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-114-006-193

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Bekft

No. E. Judicial St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 73419

Primary Registration District No. 1007 Registered No. 259

FULL NAME OF CHILD Joseph Koury

Sex of Child	Twin ~~Triplet or other~~	and	Number in order of birth	Legitimate?	Date of Birth
M	yes		9	yes	Oct 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elias Koury	FULL MAIDEN NAME	Clotilda Archy
RESIDENCE	E. Judicial	RESIDENCE	E. Judicial
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Syria	BIRTHPLACE	Syria
OCCUPATION	Vegetable Peddlar	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Ida

Filed Nov 7 1919 Mrs Walter E Patrice
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended Sept. 16, 1952

PLACE OF BIRTH

264-214-006-173

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. E. Judicial St. Registration District No. 121 File No. 73420

Hospital Primary Registration District No. 1007 Registered No. 260

FULL NAME OF CHILD HELEN KOURY
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.	yes and	2	yes	Oct. 14, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Elias Koury	FULL MAIDEN NAME	Clatilda Archy
RESIDENCE	E. Judicial	RESIDENCE	E. Judicial
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Syria	BIRTHPLACE	Syria
OCCUPATION	Vegetable Peddler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis

M.D.
(Physician or midwife)

Address Blackfoot, Ida.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Nov. 7, 1919 Mrs. Walter E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1952

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of San Diego } ss.

Certificate No. 73420

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Genevia Koury (Name on Original Certificate) who was Born (Was Born or Died) on Oct. 14, 1919 (Date of Event) in Blackfoot Idaho (Place of Event) are ~~erroneous or were omitted~~ and that, to the ~~best of his knowledge~~ true ~~and correct~~ as shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
First Name	Genevia	Helen

Subscribed and sworn to before me this 8th day of September, 19 52

L. Bailey

Notary Public, residing at San Diego, California

My commission expires April 27, 1956

(Seal)

Signed Helen Koury
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; ~~or other credible person.~~)

3992 Honeycutt San Diego Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Diego } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of September 19 52

L. Bailey

Notary Public, residing at San Diego, California

My commission expires April 27, 1956

(Seal)

Signed Thelma Penacho
(Signature of Any Credible Person)

3776 Earlham Street
San Diego, Calif.
(Street Address, City, State)

FORM DPH - 51117

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73420

County of Bingham

City of Blackfoot

No. E. Judicial St.

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 260

Hospital

FULL NAME OF CHILD Genevia Koury

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F1	Yes	2	Yes	Oct 14 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elias Koury	FULL MAIDEN NAME	Clotilda Archy
RESIDENCE	E. Judicial	RESIDENCE	E Judicial
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Syria	BIRTHPLACE	Syria
OCCUPATION	Vegetable Peddler	OCCUPATION	Hsewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

M. D. (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Nov 7 1919 Mrs Lillies E. Gaber

Registrar

Registrar

PLACE OF BIRTH

JUL 21 1972

SEP 16 1952

553-119-006-253

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Bekfoor

No. R F 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 73421

Primary Registration District No. 2194 Registered No. 261

FULL NAME OF CHILD ~~Unnamed Nelson~~ Verl Keller Nelson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	X	X	Yes	Oct 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orson Nelson	FULL MAIDEN NAME	Sarah Keller
RESIDENCE	R F D 3	RESIDENCE	R F D 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Nov 7 1919 Mrs Thalia E Patrick

Registrar

Registrar

JUL 2 6 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 1 1967
Bureau of Vital Statistics

State of Idaho
County of Franklin } ss.

Certificate No. 73421

Date Filed Aug 18, 1967

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Nelson (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1919 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Verl Keller Nelson

Subscribed and sworn to before me this 18th day of August, 1967

Orval D. Robinson

Notary Public, residing at Preston, Idaho

My commission expires

(Seal) Probate Judge

Signed Orson Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dayton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of Aug. 1967

Orval D. Robinson

Notary Public, residing at Preston, Idaho

My commission expires Probate Judge

(Seal)

Signed Lavon Baird Nelson
(Signature of Any Credible Person)

Dayton, Idaho
(Street Address, City, State)

CL 8-16-67. one copy pd.

FORM DH 60-155

L.D.S. Church Cert. of Baptism and Confirmation, Oct. 19, 1927 gives full name as Veril Keller Nelson, son of Orsen Nelson and Sarah Keller, born Oct. 19, 1919 at Groveland, Idaho - viewed by V.S.

JAN 9 1968

L.D.S. Church Cert. of Ordination to the Office of Deacon, Feb. 7, 1932 gives full name as Verl Keller Nelsen, son of Orson Nelsen and Sarah Keller, born Oct. 19, 1919 at Groveland, Idaho - viewed by V.S.

correction ok's by Mr. B.

AUG 30 1971

523-130-006-452

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekft

No. So Stout Av St.

Registration District No. 121

File No. 73422

Primary Registration District No. 1007

Registered No. 262

Hospital

FULL NAME OF CHILD ~~Unnamed~~ ORVILLE MERLE Estenson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Oct 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John E. Estensen	FULL MAIDEN NAME	Clara F. Messinger
RESIDENCE	Bekft So Stout	RESIDENCE	Bekft So Stout Av
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Pennsylvania
OCCUPATION	Rockett Store Prop.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Ida

Filed Nov 7 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO SEP 28 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Bingham } ss.
County of Idaho }

Certificate No. 73422

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 30, 1919 (DATE OF EVENT)
in Blackfoot, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 26 - 42 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Orville Merle Estenson

Subscribed and sworn to before me this 25th
day of September, 19 42

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 6, 1942
(SEAL)

Signed John Emil Estenson Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT, IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Blackfoot Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

OCT 1 1942

815-127-006-753

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH Name added 3-20-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73423

County of Bingham

City of Bekft

No. RTD 1 St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 263

Hospital

FULL NAME OF CHILD Robert Ross Hansen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	X	X	Yes	Oct 27 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin Hansen	FULL MAIDEN NAME	VIDA Peterson
RESIDENCE	Bekft R Fi 1	RESIDENCE	Bekft R Fi 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Ida

Filed Nov 7 1919 Mrs Nellie E. Peterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-24-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 2 1 02 PM '81

State of IDAHO
County of BINGHAM } ss.

Certificate No. 73423
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hansen (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-27-19 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Robert R. Ross Hansen

Subscribed and sworn to before me this 27th day of February, 1981.
Notary Public, Donavan D. Wren
Residing at Blackfoot, Idaho
My commission expires May, 1983
(Seal)

Robert R Hansen
Signature of Applicant
780 Willrose Blackfoot, Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BINGHAM } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1981.
Notary Public, Donavan D. Wren
Residing at Blackfoot, Idaho
My commission expires May, 1983
(Seal)

Ueda A. Hansen
Supporting Signature
464 N. Ash. Blackfoot, Ida.
Street Address, City, State

1 cc pd

Disgharge from the Army of the United States gives name as Robert Ross Hansen son of Melvin Hansen born October 27, 1919, in Blackfoot, Idaho. Discharged September 27, 1945.

MAR 21 1981

Viewed by V.S.

Certificate of Baptism and Confirmation gives name as Robert Ross Hansen, son of Melvin Hansen and Veda Peterson born October 27, 1919, at Rose, Idaho. Baptized May 4, 1929in L.D.S.church.
Viewed by V.S.

331-226-006-295

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Bel Yr

No. 85 N. Ash St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 73424

Primary Registration District No. 1007 Registered No.

FULL NAME OF CHILD Unnamed Claverleo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Oct 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Felicrano Claverleo	FULL MAIDEN NAME	Natalia Brey
RESIDENCE	85 N. Ash St	RESIDENCE	85 N. Ash St.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer (Beet)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Nov. 7 1919 Mrs Natalie E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-226-006-559

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Bekfoot

No. 4th Ward St.

Hospital P. O. Bekft

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 73425

Primary Registration District No. 1007 Registered No. 260

FULL NAME OF CHILD RUBY HOLLOWAY Unnamed Hollway

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F1	X	X	Yes	Oct 26 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elisha Hollway HOLLOWAY	FULL MAIDEN NAME	Nora Neilson
RESIDENCE	Bekfoot	RESIDENCE	Bekfoot Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	68	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida

19

Filed Nov 7 1919 Mrs Dalia E. Patrick
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 16 1954

312-223-006-513

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Bekfr RF 3

No. Sugar farm Chapello St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 73426

Primary Registration District No. 2194 Registered No. 266.

FULL NAME OF CHILD INOCENTA CABRERA

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	X		X	Yes	Oct 23 1919

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Maximino CABRERA	FULL MAIDEN NAME	Antonia Valero
RESIDENCE	Bekfr R F D 3	RESIDENCE	Bekfr RF 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Beet Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

M. D. (Physician or midwife)

Given names added from a supplemental report.

Address Blackford Idaho

19

Registrar

Filed Nov. 7 1919 Mrs Italia E. Pabio Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of TEXAS } ss.
County of EL PASO

Certificate No. 73426

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for (MAXIMINO CALCRO) INOCENTA CABRERA who WAS BORN on OCTOBER 23, 1919
(FATHER) (Name on Original Certificate) (Was Born or Died) (Date of Event)
in BLACK FOOT, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by RECORDS AND PASS PORT prepared on Jan. 20, 1944 (Father's Passport) are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
INOCENTA CABRERA (NAME)	NONE	INOCENTA CABRERA
MAXIMINO CABRERA (FATHER'S NAME)	MAXIMINO CALCRO	MAXIMINO CABRERA

Subscribed and sworn to before me this 23rd
day of April, 1944, by
Maximino Cabrera, Father of Inocenta Cabrera, above mentioned.
Joshua Kahn
Notary Public, residing at
Joshua Kahn, Notary Public, El Paso County, Texas.
My commission expires
(Seal) residing at El Paso, Texas.
My Commission expires May 31, 1945.

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
415 – 5th St., C. Juarez, Chih., Mexico
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of TEXAS } ss.
County of EL PASO

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of April, 1944
Joshua Kahn
Notary Public, residing at El Paso, Texas
My commission expires May 31, 1945.
(Seal)

Signed Mrs. A. Schwartz
(Signature of Any Credible Person Other Than Previous Year)
1715 N. Stanton, Apt. 4
El Paso, Texas
(Street Address, City, State)

JUL 2 9 1975

MAY 9 1944

992-103-006-843

PLACE OF BIRTH

amended 4/16/81

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward #1 St.

Hospital

Registration District No. 121

Primary Registration District No. 1007

File No. 73427

Registered No. 267

FULL NAME OF CHILD Gene Hull Rishel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 3 1919

FATHER		MOTHER	
FULL NAME	Guy W. Rishel	FULL MAIDEN NAME	Gene Hull
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida.

19

Registrar

Filed Nov 7 1919 Mrs Nellie E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1 1941

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

Certificate No. 73427

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Eugene Hull Rishell (Name on Original Certificate) who was born (Was Born or Died) on Oct. 3, 1919 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Eugene Hull Rishell	Gene Hull Rishel
Father's last name	Rishell	Rishel

Subscribed and sworn to before me this 13 day of January, 19 81

Notary Public, residing at Pocatello, Bannock Idaho

My commission expires 8-18-1978

(Seal)

Signed Stanley Hull

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pocatello Idaho R1 W Box 49

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 19 81

Judy C. Wells

Notary Public, residing at Boise Idaho

My commission expires 1/11/83

(Seal)

Signed Stanley V Rishel

(Signature of Any Credible Person)

3600 Mountain View, Boise, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 5/18/73 1 cc pd rec #17652

Insurance policy from Bankers life Co. gives name as Gene H. Rishel dated March 15, 1959. viewed by V. S.

Honorable Discharge from the US Nave y gives name as Gene Hull Rishell born in Blackfoot Idaho on Oct 3, 1919 in Idaho. date of Separation as Dec 9, 1945. viewed by V. S.

795-110-006-522

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73428

County of Bingham

City of Blackfoot

No. 20 N. Ash St.

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 269

Hospital

FULL NAME OF CHILD Earl Willis ~~Pruitt~~ PREWITT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 10 1919

FATHER		MOTHER	
FULL NAME	James ~~Pruitt~~ PREWITT	FULL MAIDEN NAME	Cora Eskelson
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ark.	BIRTHPLACE	Idaho
OCCUPATION	Lather	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Ida.

Filed Nov 7 1919 Mrs Nalie E. Babie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. ~~95418~~ 73428

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Earl Willis Pruitt (Name on Original Certificate) who Born (Was Born or Died) on October 10, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or ~~xxxxxxxxx~~; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on May 6, 1928 by Bishop J. V. Roskelley (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Pruitt	Prewitt

Subscribed and sworn to before me this 15th day of June 1942

Velara S. Ashley

Notary Public, residing at Monterey Park, Calif.

My commission expires
(Seal)

Signed Cora J. Prewitt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

2235 Lafayette St., Wilmar, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June 1942

Velara S. Ashley

Notary Public, residing at Monterey Park, Calif.

My commission expires My Commission Expires March 21, 1943
(Seal) NOTARY PUBLIC in and for the County of Los Angeles, State of California

Signed Harry J Vance
(Signature of Any Credible Person Other Than Previous Year)

2231 S. Lafayette St. Wilmar, Calif.
139 E. Garvey
(Street Address, City, State)

JUN 19 1942

Corrected 6/22/42 Z.J.

JUN 24 1942

211-109-006-154

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Rockford St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73429

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 268

FULL NAME OF CHILD Grant William Sjastrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 9 1919

FATHER		MOTHER	
FULL NAME	William Sjastrom	FULL MAIDEN NAME	Caroline Anderson
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.4 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida

19

Filed Nov 7 1919 Mrs Nalie E. Oakes

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-222-006-513

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73430

County of Bingham

City of Blackfoot

No. Word #1 St.

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 270

Hospital

FULL NAME OF CHILD Olive Wiesen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry C. Wiesen	FULL MAIDEN NAME	Sarah E. Nation
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Brick Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Ida

Filed Nov 7 1919 Mrs Julia E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 8 1974

JAN 1 6 1959

279-228-006-753

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73432

County of Bingham

City of Blackfoot

No. Thomas St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 272

Hospital

FULL NAME OF CHILD Julia Spraker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct. 28 1919

FATHER		MOTHER	
FULL NAME	Lee S. Spraker	FULL MAIDEN NAME	Lena Peterson
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Mitchell

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida

19

Filed Nov. 7 1919 Mrs Nellie E. Catrice

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-118-006-719

PLACE OF BIRTH

Form V.S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73433

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. Young Add

Primary Registration District No. 1007

Registered No. 273

Hospital Pyle Gowen

FULL NAME OF CHILD Unnamed Clark 18

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 25 1917

	FATHER	MOTHER
FULL NAME	Parley G. Clark	Lenna Parker
RESIDENCE	Blackfoot Idaho	Do
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) Dr. E. Dulcie Patrie MD

Idaho
(Physician or midwife)

Address Blackfoot Idaho

Filed Nov 7 1917 Dr. E. Dulcie Patrie
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1. PLAC[redacted]

County of Bing[redacted]

City of Black[redacted]

No. [redacted] Registration District No. 121 State File No. .....

(If born in hospital or institution give name.) Prim. Registration District No. 1007 Local Registrar's No. 273

[redacted] (Dyle G. Clark)

6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct. 18, 1919 (Month, Day, Year)

[redacted]

10. Residence (usual place of abode) Blackfoot, Idaho
(If non-resident, give place and State) .....

11. Color or race White | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Levina Parker.

19. Residence (usual place of abode)
(If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? - - - -

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M. on the date above stated
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) W. E. Patrie, M.

or ....., Midw

Address Blackfoot, Idaho.

Filed Nov. 7, 1919 Wm Walsh E[illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] one child at birth a Separate Return must be made for each, and the numbe[illegible]

493-119-006-5[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C-2[illegible] 9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 73434

No. No Ash St.

Primary Registration District No. 1007 Registered No. 274

Hospital

FULL NAME OF CHILD Robert ~~Hughston~~ HOUSTON Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 19 1919

FATHER		MOTHER	
FULL NAME	Otis Ray Miller	FULL MAIDEN NAME	Lena J. Nichols
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Cal.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie MD.

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed Nov 7 1919 Mrs Valerie E Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 20 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 73434

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Robert Hughston Miller (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 19, 1919 (DATE OF EVENT)
in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Beneficial Life Insurance co Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 5, 1938 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Hughston	Robert Houston Miller

Subscribed and sworn to before me this 18
day of Nov, 19 42

Leon J. Chapman

Notary Public, residing at BLACKFOOT IDAHO

My commission expires My Commission Expires April 6, 1946
(SEAL)

Signed Otis R Miller Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Blackfoot, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of Nov, 19 42

Leon J. Chapman

Notary Public, residing at Blackfoot

My commission expires April 6 1946
(SEAL)

Signed Vera Clark
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Blackfoot Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 23 1942

[redacted] 249-121-009-666

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73435

County of Bonner

City of Laclede . Registration District No. 8 1 File No.

No. St.

Primary Registration District No. Registered No. 35

Hospital

FULL NAME OF CHILD John William Burkett

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct. 21 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Benjamin Scott Burkett	FULL MAIDEN NAME: Gladys Ruth Woods
RESIDENCE: Laclede, Idaho,	RESIDENCE: Laclede, Idaho,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Montana
OCCUPATION: School Teacher.	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 32 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. King M. D.

(Physician or midwife)

Address Laclede, Idaho.

Given names added from a supplemental report.

.....19.....

Registrar

Filed Nov. 7, 1919 M R King

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-211-009-513

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73436

County of Bonner

City of Priest River

Registration District No. 81

File No.

No. St.

Primary Registration District No. 2158

Registered No. 34

Hospital

FULL NAME OF CHILD Not Named Yet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Oct. 11 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Burno Bombeni	FULL MAIDEN NAME Josephine Naccarato
RESIDENCE Priest River, Ida	RESIDENCE Priest River, Ida.
COLOR White — AGE AT LAST BIRTHDAY 35 (Years)	COLOR White — AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Italy	BIRTHPLACE Itally
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 7.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzlaff

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Priest River, Ida.

Registrar

Filed Nov. 7, 1919 M R King Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-212-009-465

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73438

Registration District No. 81 File No. .....

Primary Registration District No. 2158 Registered No. 32

FULL NAME OF CHILD Ethel Gertrude Waterman.

Female Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth OCT 12 1919 (Month) (Day) (Year) 191...

FATHER		MOTHER	
FULL NAME	Leo Waterman	FULL MAIDEN NAME	Anna Monk
RESIDENCE	Priest River, Ida.	RESIDENCE	Priest River, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash
OCCUPATION	Laborer Lumberjack	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Priest River, Ida.

Filed Nov. 7 1919 M R King Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1945

795-219-009-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73439

County of Bonner

City of Priest River

No. ..... St.

Hospital Priest River Ida.

Registration District No. 81

File No. .....

Primary Registration District No. 2158

Registered No. 33

FULL NAME OF CHILD CECIL ANNN GREGORY.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 19 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: FLOYD GREGORY	FULL MAIDEN NAME: Florence M Barlow.
RESIDENCE: Priest River, Ida.	RESIDENCE: Priest River, Ida.
COLOR: White. AGE AT LAST BIRTHDAY 41 (Years)	COLOR: White. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE: Mich.	BIRTHPLACE: Mich.
OCCUPATION: Dentist.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzlaff
Per. M. R. King
Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River, Ida.

Filed Nov. 7, 1914 M R King

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 194'

FEB 12 1970

962-108-029-238

PLACE OF BIRTH

County of Utah

City of Heyburn

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 62 File No. 73441

Primary Registration District No. 2142 Registered No. 24

FULL NAME OF CHILD ~~Lloyd~~ Edward Roseman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Oct. 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C E Roseman	FULL MAIDEN NAME	Freda Schurnhorst
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a Cur (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. G B Roseman

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho

Filed Oct 14 1919 W B Ehem

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAH
BUREAU OF VITAL
CERTIFICATE

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306262
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City or farm —
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 12 days.
In **THIS** county 27 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City or farm, Near Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Genesee Idaho

3. **RESIDENCE of FATHER** (city, state): same —

4. **FULL NAME OF CHILD** Gordon Edward Rosenau

5. Date of Birth (Month, day, year) Oct. 8 1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur E. Rosenau
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Elmore (City or town) Minnesota (State or foreign country)
14. Exact Occupation farming
15. Industry or Business for self. —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frieda Sophia Schanbacher
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Genesee (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife —
21. Industry or Business farming —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

FEB 7 1941

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Arthur E. Rosenau, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Gordon Edward Rosenau (Name of person on certificate above) as father — (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W.H. Ehlen (Name of attendant at birth), who attended said birth is now Deceased — (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Arthur E. Rosenau Signature

P. O. Address

Subscribed and sworn to before me on this 4th day of Feby — 1941

(SEAL) [illegible] Notary Public, residing at Genesee Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

cc 2/19/41 rmf

315-230029-815

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—Rev. 6-5-17

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 73442

Primary Registration District No. 2142 Registered No. 26

FULL NAME OF CHILD Mildred Maxine Range

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	Oct. 30 1916

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jay Range	FULL MAIDEN NAME	Clara Newport
RESIDENCE	Farmer	RESIDENCE	Meridian
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or [illegible])

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Dec 30 19 16 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 6 1965

397-106
040-

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Wallace

No. ..... St.

Hospital Wallace

Registration District No. 70

Primary Registration District No. 1011

File No. 82

Registered No. 73443

FULL NAME OF CHILD CHARLES HENRY CRAIG, JR.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 6 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Henry Craig	FULL MAIDEN NAME	Ruth Saunderson Craig
RESIDENCE	4 King St.	RESIDENCE	4 King St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Winchester, Idaho	BIRTHPLACE	Bloomington, Ind.
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:40 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9/12 19.....

J. R. Bean
Registrar

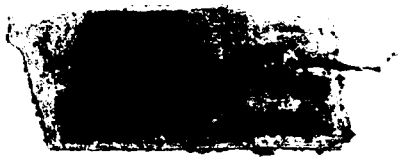
Registrar

S-Y CO. 24[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 73443

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Charles Henry Craig, Jr. (Name on Original Certificate) who was born (Was Born or Died) on Sept. 6, 1919 (Date of Event) in Wallace, Shoshone Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Charles Henry Craig, Jr.

Subscribed and sworn to before me this 30th day of July, 19 42.

E L Hammon.

Notary Public, residing at Seattle, Wash

My commission expires Jan 11, 1943.

(Seal)

Signed Charles N Craig Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2700 45th SW Seattle, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of King

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of July, 1942.

E L Hammon

Notary Public, residing at Seattle

My commission expires Jan 11 1943.

(Seal)

Signed Ruth S. Craig
(Signature of Any Credible Person Other Than Previous Year)

2700 - 45th S.W. Seattle Wash.
(Street Address, City, State)

AUG 6 1942

AUG 24 1948

AUG 7 1942

419-209-040-693

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. 219 River St.

Hospital Wallace

Registration District No. 70

Primary Registration District No. 1011

File No. 83

Registered No. 73444

FULL NAME OF CHILD Lovina Lucy Marsh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Webb Marsh	FULL MAIDEN NAME	Lovina Willson Marsh
RESIDENCE	219 River St	RESIDENCE	219 River St
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Olympia, Wash
OCCUPATION	Mining Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 03 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard C. Thum M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 9/12 19.....

J R Brown

Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

959-202-042-799

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

73446

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD [redacted] RUTH REINKE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 2 1919

FATHER		MOTHER	
FULL NAME	N. C. Reinke	FULL MAIDEN NAME	Sophie Kirkhoff
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct 2, 1919, at 7:00 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

Filer, Ida.

(Physician or midwife)

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Address .....

Filed 10-2 1919 Dr. A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (for registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Filer Ida

4. **FULL NAME OF CHILD** Ruth Reinke

5. Date of Birth (Month, day, year) Oct 2-1919

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** H. C. Reinke

11. Color or Race W.

12. Age at time of THIS birth 38 yrs.

13. Birthplace Nebraska
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophie Kuckhoff

17. Color or Race W.

18. Age at time of THIS birth 33 yrs.

19. Birthplace Nebraska
(City or Town) (State or foreign country)

20. Exact Occupation Nurse

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argno 2 - 1%

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 7 a M. on the date and at the place stated above, and that personal particulars were furnished by Sophie Reinke (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** A. A. Newberry M.D. (D.O., Midwife, etc.)
and address Filer Ida Date 10/2/1919

Use only **BLACK INK** or **BLACK Record** typewriter ribbon in completing this certificate. This certificate **MUST** be filed with the **LOCAL REGISTRAR** in the district where the birth occurred **WITHIN** 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

445-104-042-215

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 38

File No. 73447

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Douglas Sealey Munger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Oct (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Bert Munger	FULL MAIDEN NAME	Violet Sanders
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Colo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct 4, 1919 (Born alive or stillborn), at 5:00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

Filer Ida (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10-1 19 19 A. A. Newberry

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1954

AUG 10 1945

APR 4 1950

253-115-042-331

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V.S. No. 1-C—25m-9-8-15

73448

Registration District No. 38

File No. ____

Primary Registration District No. 2086

Registered No. ____

FULL NAME OF CHILD Lowman ~~Henry~~ ROBERT Belt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 - 15 - 19

FATHER		MOTHER	
FULL NAME	John Belt	FULL MAIDEN NAME	Irene Clark
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 10 - 15 - 19 (Born alive or stillborn), at 11:00 A. M. on the date above stated.

(Signature) Dr A A Newberry

Filer, Ida.
(Physician or midwife)

Address ____

Filed 10 - 15 19 19

Dr A A Newberry
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of Kootenai }

Certificate No. 73448

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Loman Robert Belt (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 10-13-1919 (DATE OF EVENT)
in Twin Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Rec. Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Loma Henry	Loman Robert Belt

Subscribed and sworn to before me this 8th
day of Feb 1943

Notary Public, residing at Kellogg

My commission expires
(SEAL)

Signed Rena May Clark (Taylor)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of Feb ; 1943

Notary Public, residing at Kellogg

My commission expires residing at Kellogg
(SEAL)

Signed Rena May Clark Taylor
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 1 1 1943

815-215-042-285

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

73449

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD Dorothy Odessa Hachn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	10 (Month) – 15 (Day) 191 9 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Hachn	FULL MAIDEN NAME	Clara Sheldon
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 10-15-19 (Born alive or ~~stillborn~~) at 12:30 P.M. on the date above stated.

(Signature) Dr A A Newberry

Filer, Ida

(Physician or midwife)

Address

Filed 10-15 19 19 Dr A A Newberry

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-313-213-009-296

PLACE OF BIRTH AMENDED JULY 12, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Clarks Fork, Idaho

No. ____ St. Registration District No. 80 File No. 73450

Hospital ____ Primary Registration District No. 2157 Registered No. 31

FULL NAME OF CHILD Elaine Marjorie Lathrom
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 13, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: William Frederick Lathrom	FULL MAIDEN NAME: Cora Brown
RESIDENCE: ClarksFork, Idaho	RESIDENCE: ClarksFork, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Salmon, M.D.
(Physician or midwife)

Address ClarksFork, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 10-20 1919 John Larson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 10 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Kootenai } ss.

Certificate No. 73450

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Elaine Marjory Latham (Name on Original Certificate) who was born (Was Born or Died) on October 13, 1928 (Date of Event) in Clark Fork Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Elaine Marjory Latham	Elaine Marjorie Lathrom
Surname of father.	Latham	Lathrom

Subscribed and sworn to before me this 7th day of July 1954

Notary Public, residing at Potlatch, Idaho
My commission expires Nov. 8, 1956
(Seal)

NOTARY PUBLIC for the State of Idaho residing at Potlatch, Idaho My commission expires Nov. 8, 1956

Signed Cora G. Lathrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July 1954

Notary Public, residing at
My commission expires
(Seal)

NOTARY PUBLIC for the State of Idaho residing at Potlatch, Idaho My commission expires Nov. 8, 1956

Signed William F. Lathrom
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52-155

1 c. pd.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
[redacted] OF VITAL STATISTICS
[redacted]IFICATE OF BIRTH

73450

County of...Bonner.....

City of...ClarksFork, Ida. Registration District No. 80 File No.....

No.....St. Primary Registration District No. 2157 Registered No. 31

Hospital.....

FULL NAME OF CHILD.....Elaine. Marjory. Latham.....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.		Yes.	Oct. 13 1919.

FATHER	MOTHER
FULL NAME: William. Frederick. Latham.	FULL MAIDEN NAME: Cora. Brown.
RESIDENCE: ClarksFork. Ida.	RESIDENCE: ClarksFork. Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Missouri.	BIRTHPLACE: Illinois.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth....5.... Number of children of this mother now living, including present birth....3....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 .M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Salmon M. D.

(Physician or midwife)

Address ClarksFork. Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 10-20 1919 John Lawson
Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1954

799-207-013-364

[redacted]

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

STATE BUREAU OF VI[redacted]S

CERTIFICATE OF BIRTH

73451

County of Camas

City of Fairfield

No. 2 M. East St. 1/2 M. South

Registration District No. 58 a

Primary Registration District No. 2138

File No.

Registered No.

Hospital

FULL NAME OF CHILD Hazel Beth Frisum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 7 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Alvin Frisum	Clara Couch
RESIDENCE	Fairfield, Idaho	Fairfield, Idaho.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Nebraska	Wash.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 a Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I Wilencheck

Phys.
(Physician or midwife)

Address Fairfield, Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct 13 1919

I Wilencheck
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DEC 24 1969

165-108-013-386 name added 12/19/80

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Camas

City of Coral

No. 2 Mo North St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 58 d

File No. 73452

Primary Registration District No. 2138

Registered No.

FULL NAME OF CHILD Thomas Eugene Jones

Sex of Child male. | Twin or Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes. | Date of Birth Oct. 8 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harvey B. Jones	FULL MAIDEN NAME	Daisy Thompson
RESIDENCE	Coral Idaho	RESIDENCE	Coral Idaho
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	24
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	South Weber, Utah	BIRTHPLACE	Wilson, Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I Wilencheck

Phys. (Physician or midwife)

Address Fairfield, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct. 12 1919

I Wilencheck

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT AND AMEND AN ORIGINAL CERTIFICATE

RECEIVED
AUG 8 1980
Bureau of Vital Statistics

State of Idaho
County of Canyon } ss.

Certificate No. 73452
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Jones (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 8, 1919 (Date of Event)

in Corral (Camas) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Jones	Eugene Thomas A. Jones

Subscribed and sworn to before me this 6 day of August, 19 80

Notary Public, Edward D. Reagan
Residing at Fairfield Idaho
My commission expires 9-20-83
(Seal)

Thomas E. Jones
Signature of Applicant
Fairfield, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.

Notary Public, ___
Residing at ___
My commission expires ___
(Seal)

Supporting Signature

Street Address, City, State

1-29-79

Election registration card gives name as Thomas Eugene Jones age 55 dated in ~~1~~ 1974. viewed by V. S.

DEC 19 1980

LDS Membership record gives name as Thomas Eugene Jones born Oct 8, 1919 at Corral Idaho. father's name as Harvey Baldwin Jones and mother's name as Daisy Thompson. Blessed Dec 19. 1920. viewed by V. S

495-111-013-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Camas

City of Fairfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73453

Registration District No. 58 ch

Primary Registration District No. 2138

File No. .....

Registered No. .....

FULL NAME OF CHILD Archer Richard Munk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.			Yes.	Oct. 11 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Archer Bayne Munk	Mamie Miller
RESIDENCE	Fairfield, Idaho	Fairfield, Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	W. / 27	W / 23
BIRTHPLACE	Va.	Idaho.
OCCUPATION	Pool Room Owner.	Housework

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Address Fairfield, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 6 1919

L Wilencheck Registrar

JUN 18 19[illegible]

12-15-41

435 - 119-013-691

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Camas

City of Hill City

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 58 d

Primary Registration District No. 2138

File No. 73454

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.			Yes.	Oct 19 19.9

FATHER

FULL NAME: Fred McNutt

RESIDENCE: Hill City, Idaho

COLOR: W. AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hazel Belle Francis

RESIDENCE: Hill City, Idaho.

COLOR: W. AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L Wellencheck

Phys.

(Physician or midwife)

Address Fairfield Idaho

Filed Oct 25 19 19

L Wellencheck

Registrar

318-231-013-299

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Camas

City of Corral

No. 3[illegible] E. C[illegible] St.

1 [illegible]

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 73455

Registration District No. 58th

File No.

Primary Registration District No. 2138

Registered No.

FULL NAME OF CHILD GERTRUDE ALEXZANDRENA TAYLOR

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 31st ~~30~~ (Day) 1919 (Year)

	FATHER		MOTHER
FULL NAME	Elmer George Taylor	FULL MAIDEN NAME	Alexandrena Kirk
RESIDENCE	Corral, Idaho	RESIDENCE	Corral, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Fairfield Ida

19

Filed Nov 6 1919

L Wilencheck
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO SEP 14 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 73455

County of King Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for unamed Taylor (Name on Original Certificate) who Born (Was Born or Died) on Oct 31 1919 (Date of Event)

in Fairfield Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Oct 31, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Unamed Taylor	Gertrude Alexzandrena Taylor
Gertrude Alexzandrena Taylor	Oct. 30, 1919	Oct. 31, 1919

Subscribed and sworn to before me this 8th day of September, 1942

J Martine

Notary Public, residing at Seattle

My commission expires March 11th 1944

(Seal)

Signed Gertrude Alexzandrena Lee

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2529 Queen Anne Ave.

(Street Address, City, State)

Seattle, Wash

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of King

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of September 1942

J Martine

Notary Public, residing at Seattle

My commission expires March 11th 1944.

(Seal)

X Signed Helen Francine Taylor Ferguson

(Signature of Any Credible Person Other Than Previous Year)

2529 Queen Anne Ave.

(Street Address, City, State)

Seattle Wash

SEP 15

689-207-001-796

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STAT[redacted]
BUR[redacted]STICS
C[redacted] OF BIRTH

73456

County of Ada

City of Kuna

No. ..... St.

Hospital .....

Registration District No. 124

File No. 1

Primary Registration District No. 2202

Registered No. 43

FULL NAME OF CHILD Alice White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul H. White	FULL MAIDEN NAME	Mary K. Grass
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kuna Idaho

Filed 11/6 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1970

FEB 21 1944

331-118-001-613

Form V. S. No. 11-C—25m-9-8-17

BUREA[redacted]TISTICS

CERT[redacted]TH

73457

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

Registration District No. 124

Primary Registration District No. 220

[redacted]. No. 1

[redacted]ered No. 44

FULL NAME OF CHILD Russell Clark

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 18 1919

	FATHER	MOTHER
FULL NAME	Russell Augusta Clark	Opal Esther Waldroyd
RESIDENCE	Kuna Ada	Kuna Ada
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Marion [illegible] MD
(Physician or midwife)

Address Kuna Idaho

..... 19.....
Registrar

Filed 11/6 1919

[illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-126-014-523

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Canyon

City of Bowmont

Registration District No. 124

File No. 73458

No. ..... St.

Primary Registration District No. 2202

Registered No. 45

Hospital .....

FULL NAME OF CHILD Premature

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Philip Lawson	FULL MAIDEN NAME	Rose Estby
RESIDENCE	Bowmont Ida	RESIDENCE	Bowmont Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	73 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Nebraska
OCCUPATION	Truck driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kuna Idaho

Filed 11/6/19 19.....

Registrar

Ho Busse

Registrar

WRITE PLAIN[redacted]S A PERMANENT RECORD

N. B. In case [redacted] RETURN must be made for each [redacted]rth stated.

368-111-014-313

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73459

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 124 File No. 1

Primary Registration District No. 2202 Registered No. 46

FULL NAME OF CHILD Arthur John Coy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester John Coy	FULL MAIDEN NAME	Harriet Lallathin
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Utah
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kuna Idaho

Filed 11/6 1919 H. Busse

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1945

731-216-001-897

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [illegible]

73460

Registration District No. 127

File No. 1

Primary Registration District No. 2207

Registered No. 47

FULL NAME OF CHILD FAYE Neoma Glauner

Sex of Child: Female | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Oct. 16 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm Glauner	FULL MAIDEN NAME	Edna E. Ingley
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1245 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion X. Fink MD

M. D. (Physician or midwife)

Address Kuna Idaho

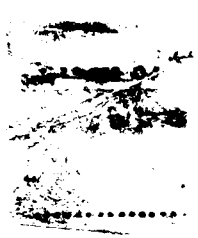
Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/6 1919

[illegible] Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 73460

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Neom a Glauner (NAME ON ORIGINAL CERTIFICATE) who BORN (WAS BORN OR DIED) on (DATE OF EVENT)
in Kuna, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Neoma	Faye Neoma Glauner

Subscribed and sworn to before me this 4th
day of September, 19 43

Notary Public, residing at Hagerman, Idaho

My commission expires
(SEAL)

Signed William F. Glauner Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Hagerman, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of September, 19 43

Notary Public, residing at Hagerman Idaho

My commission expires March 23rd 1944
(SEAL)

Signed Laura E Glauner MOTHER
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Hagerman, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

SEP 15 1943

415-119-014-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73461

County of Canyon

City of Melba

Registration District No. 124 File No. 1

No. ..... St.

Primary Registration District No. 2202 Registered No. 48

Hospital .....

FULL NAME OF CHILD Harold Louis Danforth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Louis Danforth	FULL MAIDEN NAME	Ruth Irene Halsey
RESIDENCE	Melba Ida	RESIDENCE	Melba Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	St Lawrence LD	BIRTHPLACE	Bloomfield Nebr
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion L Fink MD

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kuna Idaho

Filed 11/6 1919 H. Busse

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-224-001-652

[redacted]E OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73462

County of Ada

City of Kuna

Registration District No. 124 File No. 2

No. ..... St.

Primary Registration District No. 2202 Registered No. 49

Hospital .....

FULL NAME OF CHILD Lillian Kathryn Nelson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry W. Nelson	FULL MAIDEN NAME	Minnie Westerberg
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Seattle Wash	BIRTHPLACE	Ironwood Mich
OCCUPATION	~~Hor~~ Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Link MD

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kuna Idaho

Filed 11/6 1919 H. Buss
Registrar

Registrar

WRITE PLAINLY WITH UN[redacted] A PERMANENT RECORD

N. B. In c[redacted] DEPARATE RETURN must be made for each [redacted]r of each, in order of birth stated.

JUN 14 1945

795-130-001-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73463

Registration District No. 127 File No. 2

Primary Registration District No. 2202 Registered No. 50

FULL NAME OF CHILD Myron Omer Green

Sex of Child: Male | Twin, Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Oct (Month) 30 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Chas Wm Green	FULL MAIDEN NAME: Nellie Pearl Stevens
RESIDENCE: Kuna Ada	RESIDENCE: Kuna Ada
COLOR: White	AGE AT LAST BIRTHDAY: 34 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Sedalia Mo	BIRTHPLACE: Sedalia Mo
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 4:20 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion J. Finch M.D.

M.D. (Physician or midwife)

Address Kuna Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/6 1919

H. Bruce Registrar

MAY 14 1956

816-206-001-215

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73464

Registration District No. 124 File No. .....

Primary Registration District No. 2202 Registered No. 51

FULL NAME OF CHILD Margaret Estelle Hawk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Vernon Melvin Hawk	FULL MAIDEN NAME	Lois Ruth Kanarr
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	School Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 330 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kuna Idaho

Filed 11/6 1919 Tor Busse

Registrar Registrar

WRITE [redacted] BINDING

N. B. [redacted] THIS IS A PERMANENT RECORD

[redacted] ARATE RETURN must be made for each [redacted] the number of each, in order of birth stated.

APR 24 1942

DEC 6 1974

113-124 [redacted]
025-263

Form V. S. No. 11-C—25m-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73465

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103

Primary Registration District No. 1001

File No. .....

Registered No. 54

FULL NAME OF CHILD Stanley Jackson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		3	Yes	Oct. 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theron S. Jackson	FULL MAIDEN NAME	Bertha Bolen
RESIDENCE	Grangeville Id	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Scallon

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grangeville Id

Registrar

Filed Nov 4 1919 G. S. Stockton Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...E PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

[redacted]

9-10-40
cc

9.12.40

799-23-025-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

73466

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 53

Hospital .....

FULL NAME OF CHILD Theodore Winfield Price

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 23 1919

FATHER

FULL NAME: Ivan Winfield Price

RESIDENCE: Grangeville

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Horsey Valley Ida

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Cida Smith Price

RESIDENCE: Grangeville

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Montrose Colo

OCCUPATION: House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 10 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. B. Chipman

Physician

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report.

....., 19.....

..... Registrar

Filed Nov 4 1919 G. S. Stockton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6
JUN 6 1952

JUL Y 6 1952

418-229-025-812

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH 73467

Registration District No. 163 File No. .....

Primary Registration District No. 1001 Registered No. 52

FULL NAME OF CHILD Not Named

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Oct 29 1917

FATHER

FULL NAME Lloyd C Doig

RESIDENCE Grangeville

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Idaho

OCCUPATION Stockman

MOTHER

FULL MAIDEN NAME Carrie M Hashagen

RESIDENCE Grangeville

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 1 1917 G P Stockton Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-229-025-763

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73468

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 31

FULL NAME OF CHILD Geneva Sarah Hutchens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm B Hutchens	Bessie J Pollan
RESIDENCE	Grangeville	Grangeville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Washington	Oklahoma
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Filed Nov 1 1919 G S Stockton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1943

413 - 120 - 025 - 955

PLACE OF BIRTH

County of Idaho

City of Winona

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 103 File No. 73469

Primary Registration District No. 2181 Registered No. 50

FULL NAME OF CHILD ..... Clark Joseph Matthews Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 20 1919

FATHER		MOTHER	
FULL NAME	Clark J Matthews	FULL MAIDEN NAME	Ettie E Reeve
RESIDENCE	Winona Idaho	RESIDENCE	Winona Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Idaho

Filed Nov 1 1919 G S Stockton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-111-025-964

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 73470

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 49

FULL NAME OF CHILD Andrew Matt Pickolick

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 11 1919

FATHER		MOTHER	
FULL NAME	Frank Pickolick	FULL MAIDEN NAME	Elizabeth Roubal
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Bohemia
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A.M. P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Idaho

Filed Nov 1 1919 G. S. Stockton

Registrar

1942

395-107-025-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73471

County of Idaho

City of Grangeville

Registration District No. 103 File No.

No. St.

Primary Registration District No. 2181 Registered No. 48

Hospital

FULL NAME OF CHILD Lester Leslie Twilegar

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Oct 7 19

FATHER		MOTHER	
FULL NAME	Frank Leslie Twilegar	FULL MAIDEN NAME	Ruby E Smith
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Minn	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Idaho

Filed Nov 1 1919 G. O. Stockton Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-204-025-43 5

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Idaho

City of Grangeville

No. ..... St.

AMENDED June 18, 1946

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 73472

Hospital ..... Primary Registration District No. 1001 Registered No. 47

FULL NAME OF CHILD Laura Winifred Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 4, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Robert O. Wilson	FULL MAIDEN NAME: Mary E. McEvers
RESIDENCE: Grangeville	RESIDENCE: Grangeville
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Wash.
OCCUPATION: Proprietor Garage	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

Grangeville, Idaho
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Nov. 1 1919 G. S. Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss.

Certificate No. 73472

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Laura Winifred Wilson (Name on Original Certificate) who Was born (Was Born or Died) on October 4, 1919 (Date of Event)
in Grangeville, Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by Own Knowledge (Bible Record, Insurance Policy, Etc.) prepared on March 15, 1946 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Laura Winifred Wilson

Subscribed and sworn to before me this 16th day of March, 1946.

Elizabeth A Ruckeem
Notary Public, residing at Palmdale, Calif.

My commission expires March 26, 1946
(Seal)

NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Signed Mary E. Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 368 Palmdale, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Idaho~~ California }
County of ~~Idaho~~ Los Angeles } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 1946.

Elizabeth A Ruckeem
Notary Public, residing at Palmdale, Calif.

My commission expires March 26, 1946
(Seal)

NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

My Commission Expires March 26, 1946

Signed Gladys Wilson Flock
(Signature of Any Credible Person Other Than Previous Year)

Box 368, Palmdale, California
(Street Address, City, State)

JUN 19 1946

FEB 20 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

73472

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 47

FULL NAME OF CHILD 6

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct 4 1917

FATHER		MOTHER	
FULL NAME	Robert O Wilson	FULL MAIDEN NAME	Mary E McEvers
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Wash
OCCUPATION	Propietor Garage	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stricklin

(Physician or midwife)

Address Grangeville Idaho

Filed Nov 1 1917 G S Stricklin Registrar

262-121-029-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of —

Registration District No. 65

File No. 73473

No. ..... St.

Primary Registration District No. 2145

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Marcin Kobierowski

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Kobierowski	FULL MAIDEN NAME	Virna Dale
RESIDENCE	2 mi. S. Potlatch Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minnesota	BIRTHPLACE	Wash
OCCUPATION	Farmer & laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3.

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

..... 19.....

Filed Oct 1st 1919 Dr Jm Thompson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 22 1956

AUG 2 2 1990

212-105-029-285

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73474

County of Latah.

City of Potlatch

Registration District No. 6 5

File No.

No. St.

Primary Registration District No. 2 (4) 5

Registered No.

Hospital

FULL NAME OF CHILD WILLIAM Elmer [illegible] Baker.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	V (To be answered only in event of plural births)		V	yes.	Oct 5 1919

FATHER		MOTHER	
FULL NAME	Floyd Wilson Baker.	FULL MAIDEN NAME	Jessie Sherwood.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Pa.	BIRTHPLACE	Kansas
OCCUPATION	Laborer - [illegible]	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 c

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) Dr. J. R. Thompson.
M. D.
(Physician or midwife)

Address Potlatch

Filed Oct 12 1919 Dr. J. R. Thompson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 73474

State of Idaho }
County of Latah } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of [illegible] Birth (Birth or Death)

for Elmer S. Baker (Name on Original Certificate) who Born (Was Born or Died) on October 6, 1919 (Date of Event)

in Potlatch, Latah, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 8, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elmer S.	William Elmer Baker

Subscribed and sworn to before me this 29 day of September, 1943.

Notary Public, residing at Potlatch, Idaho

My commission expires December 10, 1943 (Seal)

NOTARY PUBLIC residing at Potlatch, Idaho
My commission expires December 10, 1943

Signed Mrs. Jessie Eldora Baker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R #1 Potlatch Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of October, 1943.

Notary Public, residing at Potlatch, Idaho

My commission expires March 1, 1945 (Seal)

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires March 1, 1945

Signed Ezra B Johnson
(Signature of Any Credible Person Other Than Previous Year)

Potlatch, Idaho
(Street Address, City, State)

OCT 15 1948

866-211-029-613

1. PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

(If born in hospital or institution give name.)

Registratio[redacted]

Prim. Regi[redacted] No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothea Howlan[redacted]

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth Oct 11, 1919 193 (Month, Day, Year)
Female					

FATHER	MOTHER
9. Full name T. John Howland	18. Full maiden name Cordelia G. Waters
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston	19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston
11. Color or race Wh | 12. Age at last birthday 41 (years)	20. Color or race Wh | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Canada	22. Birthplace (city or place) (State or Country) New York State
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Children's Home	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Ass't Supt.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Children's Home
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 11:15 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. W. Thompson, M.D., M. D.

or ....., Midwife

Address Potlatch, Idaho

Give name added from a supplemental report .....
(Date of)

Filed Oct 25, 1919, 193 J. W. Thompson
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

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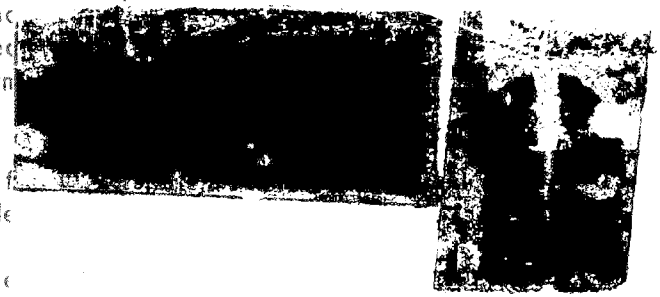
birth certif
by money orde



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CC 4-24-41 hec

619-230-019-643
Amended 1-6-71

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ..... St.

Hospital .....

Registration District No. 108 File No. 73476

Primary Registration District No. 2186 Registered No. .....

FULL NAME OF CHILD Bonnie Norine Warren

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.			# 4	Yes	September 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Warren	FULL MAIDEN NAME	Floreta Fulmer
RESIDENCE	Challis, Ida.	RESIDENCE	Challis, Ida.
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida.	BIRTHPLACE	Utah.
OCCUPATION	Farming	OCCUPATION	H-wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kirtley M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Challis, Idaho.

Filed Oct. 20th 1919

C. L. Kirtley
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

AUG 4 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or [illegible] Original Certificate of Birth or Death

State of ..... }
County of ..... } DEC 2 - 1970

Certificate No. 73476

Date Filed .....

The undersigned does solemnly swear [illegible] the certificate of Birth (Birth or Death)

for Norine Warren (Name on Original Certificate) who was born (Was Born or Died) on September 29, 1919 (Date of Event)

in Challis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Norine Warren	Bonnie Norine Warren
Date of Birth	September 29, 1919	September 30, 1919

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of November, 1970.

Notary Public, residing at Spokane
My commission expires Jan. 20, 1972
(Seal)

Signed Robert L. Fullenwider
(Signature of Any Credible Person)

W-2318 Kiernan
(Street Address, City, State)
Spokane Washington

FORM DN 60-155

C1 10-29-70

Marriage Record gives name as Bonnie N. Warrenof Salmon, Idaho Married to Clarence L. Olinger of Salmon, Idaho on April 18, 1936. Born Sept. 30, 1919. JAN 6 1971
Viewed by V.S.

Public School Record issued by Lemhi County, Idaho gives name as Bonnie Norine Warren born Sept. 30, 1919. Graduated May 22, 1934. John W. Condie, Supt. of Public Instruction.
Viewed by V.S.

867-130-029-286

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah.

City of Pottatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73477

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Richard. Hugo. Hoglund.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	✓		✓	yes.	Oct. 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Axel. H. Hoglund.	FULL MAIDEN NAME	Augusta. S. Shoemberg
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sweeden.	BIRTHPLACE	Sweeden.
OCCUPATION	Labour.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. Thompson M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pottatch

Filed Nov 1 1919 Dr J. W. Thompson

Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1957

NOV 24 1958

843-115-029-315

PLACE OF BIRTH

County of Latah -

City of _____

No. _____ St.

Hospital _____

FULL NAME OF CHILD Glenn - Hulett.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 73478

Primary Registration District No. 2145 Registered No. _____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	r		r	Yes	Oct 15 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August Wm. Hulett	Bettie Lance - Hulett.
RESIDENCE	8 mi East Palouse Wash	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Mo	Oklahoma
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 45 P. M. on the date above stated.

(Signature) Ed. K. Wolfe MD

(Physician or midwife)

Address Palouse Wash

Filed Oct 25 1919 Dr. J.W. Thompson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-103-029-815

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73479

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Daniel Bernard. Morris.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	✓		✓	yes.	Nov. 3rd 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clayborne. Morris.	FULL MAIDEN NAME	Lydia. Hanson.
RESIDENCE	Potlatch	RESIDENCE	Potlatch.
COLOR	white. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	white. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Potlatch

Filed Nov. 6th 1919. Dr. J. W. Thompson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

948-230 029-133

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of ~~Whitman~~ Latah.

City of ~~Palouse~~ Princeton

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 73480

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD Evelyn Fern Ruhl

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Sept (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Sidney A Ruhl	FULL MAIDEN NAME	Laura Fern Allen
RESIDENCE	2 Mi. N.E. Princeton Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Palouse Wash

Filed Oct 10 1919 Dr. J. W. Thompson Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

497-130-029-859

PLACE OF BIRTH

County of Latah

City of _____ No. _____ St. _____

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73481

Registration District No. 65

Primary Registration District No. 2145

File No. _____

Registered No. _____

FULL NAME OF CHILD Unnamed Infant Dixon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 30 1919

FATHER	MOTHER
FULL NAME Roy B. Dixon	FULL MAIDEN NAME Lydia Hamdahl
RESIDENCE 1½ mi N. Potlatch, Id.	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. K. Wolfe

(Physician or midwife)

Address Palouse, Wash.

Filed Oct 8th 1919 Dr. Jno. Thompson Registrar

This child died 16 hr. after birth E. K. W

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-224-015-154

Amended 8-23-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73482
Local Reg. No. 226
Reg. Dist. No. 82

1. PLACE OF BIRTH

a. COUNTY: Caribou

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Caribou

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Anna b. (Middle): Laura c. (Last): Larsen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 24, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Fred b. (Middle): [illegible] c. (Last): Larsen

8. AGE (At time of this birth): 42 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lula b. (Middle): c. (Last): Andersen

13. AGE (At time of this birth): 40 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 3

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ellis Kackley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Soda Springs, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 24, 1919

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

e district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
AUG 9 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 73482

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Larsen (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 24, 1919 (Date of Event)
in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) ....., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Anna Laura Larsen
Sex of Child	Male	Female

Subscribed and sworn to before me this 5th day of August, 1966.

Signed Jessie Anderson Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires Clerk of District Court
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

FORM DH 60-155

CL 7-27-66. nm

Child's Birth Cert. on file: (Idaho Birth) #414673 gives full maiden name of mother as AnnaLaura Larsen - viewed by V.S.

Photo Copy of Grade Transcript of School Record for Anna Laura Larsen, born Oct. 24, 1919, sex F, parent-Fred Larsen - Soda Springs, Idaho Public Schools, 1935-1937 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Caribou

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

73482

Registration District No. 82

File No. .....

Primary Registration District No. ~~82~~ 2159

Registered No. 226

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	cu		—	yes	Oct 24, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Larsen	FULL MAIDEN NAME	Lyea Andersen
RESIDENCE	Soda Springs - Idaho	RESIDENCE	Soda Springs - Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Teacher	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaskey

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Soda Springs - Idaho

Ellis Kaskey
Registrar

Filed Oct 24 1919

Ellis Kaskey
Registrar

AUG 23 1966

991-227-035-413

PLACE OF BIRTH

County of Nez Perce

City of Culdesac R.D.

No. ..... St.

Hospital .....

STATE [redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73483

Registration District No. 92 File No. 10

Primary Registration District No. 2170 Registered No. 18

FULL NAME OF CHILD Joan Violet Grant

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	10 (Month) 27 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John R Grant	FULL MAIDEN NAME	Tilda Mattson
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo	BIRTHPLACE	Minn
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 10-27 1919 E. E. Watts

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO

Own Child's Birth Cert. on file: (Idaho Birth) #51-15945 gives full maiden name of mother as Joan Violet Grant - viewed by V.S.

RECEIVED
JAN 28 1964
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73483

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Grant (Name on Original Certificate) who was born (Was Born or Died) on Oct. 27, 1919 (Date of Event)
in Rural Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Joan Violet Grant

Subscribed and sworn to before me this 25th day of January, 1964

Notary Public, residing at Lewiston, Ida.
My commission expires March 27, 1967
(Seal)

Signed [signature] Mrs. Grant
(Signature of parent or attendant, if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Culdesac, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of January, 1964

Notary Public, residing at Lewiston,
My commission expires March 1, 1966
(Seal)

Signed Edith A. Allen
(Signature of Any Credible Person)

Culdesac Idaho
(Street Address, City, State)

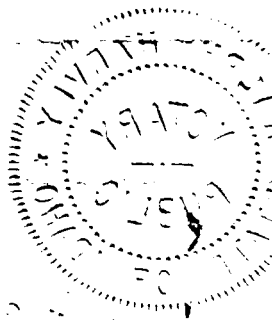
FORM DH 60-155

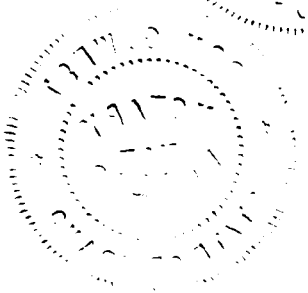
1 - 50¢ pd. 1966 - rec. #15463.
CL 2-6-61. one copy pd. receipt #11969. (50¢) Total of ($1.00) copy pd.

Juliaetta High School Diploma, Juliaetta, Idaho, May 19, 1937 gives full name as Joan V. Grant - viewed by V.S.

-as-requested-full

APR 3 1967





419-118-035-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73484

County of Nez Perce

City of Gifford

No. ..... St.

Registration District No. 92 File No. 10

Primary Registration District No. 2170 Registered No. 17

Hospital .....

FULL NAME OF CHILD Samuel Sundagy Darrah

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S	—	Y	10 18 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clark B Darrah	FULL MAIDEN NAME	Alta Markham
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

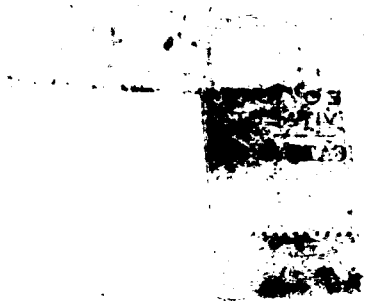
Registrar

Address .....

Filed 10-18 1919

E. E. Watts

Registrar



NOV 19 1953

366-106-040-632

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

5m-9-8-15

CERTIFICATE OF BIRTH

T3485

County of Shoshone

City of Avery

Registration District No. 127 File No. 1

No. None St.

Primary Registration District No. 2400 Registered No.

Hospital None

FULL NAME OF CHILD Wesley Luther Coolbaugh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	yes	Sept. 6 1919

FATHER	MOTHER
FULL NAME Roland Ray Coolbaugh	FULL MAIDEN NAME Gena Marie Olson
RESIDENCE Avery-Idaho	RESIDENCE Avery-Idaho
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Minnesota
OCCUPATION Car Inspector	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

(Signature) C Bunny M D

(Physician or midwife)

Address Avery - Idaho

Filed Nov 4th 1919 C Bunny Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OHAGI

NOV 2 8 1972

493-229-040-712

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73486

County of Shoshone

City of Avery

Registration District No. 127 File No. 2

No. None St.

Primary Registration District No. 2400 Registered No.

Hospital None

FULL NAME OF CHILD Guinevere Dean Miller

Sex of Child Female	Twin Triplet or other? and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dean Miller	FULL MAIDEN NAME	Iva May Gamble
RESIDENCE	Avery	RESIDENCE	Avery
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington state	BIRTHPLACE	Missouri
OCCUPATION	Cigar Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 20 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Busey M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Avery - Idaho

Filed Nov 4 1919 C Busey Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. No. 11 0—Dec. 9-1

291 - 225 - 005 - 864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bennock

City of Plummer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [illegible]

CERTIFICATE OF BIRTH 73487

Registration District No. 46 File No. .....

Primary Registration District No. 7173 Registered No. 78

FULL NAME OF CHILD Geneva Lucy Kraemer

Sex of Child: Female

Twin, Triplet or other? Single and Number in order of birth 4"
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth October 25, 1919
(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Carl Mattias Kraemer	FULL MAIDEN NAME: Mary Hodek
RESIDENCE: Plummer Idaho	RESIDENCE: Plummer, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Minnesota
OCCUPATION: Banker	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Oct 25, 1919, at 1 40 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Didier M.D.

Plummer Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov. 1 19 19

[illegible] Registrar

OCT 6 1975

493-221-017-816

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-6-25m-9-8-17

73488

Registration District No. 125 File No. .....

Primary Registration District No. 1107 Registered No. .....

FULL NAME OF CHILD Julia Bernice Michaels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 21 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Julius B Michaels	Bernice A Hawley
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Wash	Wash
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 4:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 21 1914

C E Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON }
County of YAKIMA } ss.

Certificate No. 73488

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on Oct. 21, 1919 (Date of Event)
in DuBoise, Clark Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my own knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Julia Bernice Michaels

Subscribed and sworn to before me this 15th
day of September, 1942

Notary Public, residing at Toppenish, Wash.

My commission expires Nov. 11, 1945
(Seal)

Jacobus Bernard Michaels
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father,

P. O. Box 111, Toppenish, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON }
County of YAKIMA } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of September, 1942

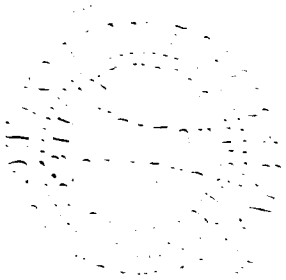
Notary Public, residing at Toppenish, Wash.

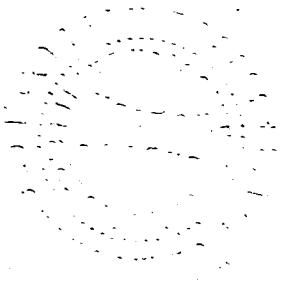
My commission expires Nov. 11, 1945
(Seal)

Signed W. H. Mann
(Signature of Any Credible Person Other Than Previous Year)

1080 E. 1st Toppenish Wash
(Street Address, City, State)

SEP 18 1942





855-116-017-454

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 125

Primary Registration District No. 2203

File No. 73489

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 16 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orcil Clyde Henderson	Cecelia Underwood
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 16 1917

C E Jones M D Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

35-a
555-205-017-549

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73490

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Registration District No. 125

Primary Registration District No. 2203

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Dovey Nadine Lent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 5 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas F Lent	Ethel M Emery
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	Mo	Mo
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 12 Noon on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed Oct 5 1917 C E Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
DEC 5 1969
Bureau of Vital Statistics

State of Idaho } ss.
County of Co. Clark

Certificate No. 73490

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lent (Name on Original Certificate) who born (Was Born or Died) on 10-5-19 (Date of Event)
in Dubois (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Dovey Nadine Lent

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Mother Signed Ethel M Emry Lent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

348 So Lee Ave Idaho Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of October, 1969

Notary Public, residing at Pocatello, Idaho
My commission expires 2/4/69
(Seal)

Sister Signed Esther M. Lent Leonardson
(Signature of Any Credible Person)

R#2 Box 350 Idaho Falls Idaho
(Street Address, City, State)

FORM DPH 55. 155

NN 9-12-57 1 copy paid

Child's birth certificate on file in Idaho Carla Christine Styhl File No. 55-2607 . gives mother's maiden name as Dovey Nadine Lent. Father's name Dewey Roland Norman Styhl, Viewed by V. S.

MAR 30 1970

U.S. Social Security Act Application for Account Number gives name as Dovey Nadine Lent. Date of birth October 5, 1919 at Dubois, ID. Dated Aug. Feb. 10, 1939. Viewed by V. S.

553-204-031-396

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

County of Lewis

City of Ilo RFD

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73491

Registration District No. 60 File No. .....

Primary Registration District No. 2129 Registered No. 22

FULL NAME OF CHILD Nelson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	Yes (To be answered only in event of plural births)	1	Yes	Oct 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Riley Nelson	FULL MAIDEN NAME	Alpha Crouse
RESIDENCE	Ilo R.F.D.	RESIDENCE	Ilo RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Moreau Co., Iowa	BIRTHPLACE	Piney Creek, N. Carol
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Dunlop M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address [illegible]

Filed 1919 19 19 R. C. Dunlop

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-204-031-391 name added 9/20/79

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Lewis

City of Ilo R.F.D.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 73492

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 23

FULL NAME OF CHILD Fern Maxine Nelson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	Twin	2d	Yes	Oct 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Riley Nelson	FULL MAIDEN NAME	Alpha Crouse
RESIDENCE	Ilo R.F.D.	RESIDENCE	Ilo R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Marion Co. Ia.	BIRTHPLACE	Piney Creek N. Carol.
OCCUPATION	Voucher	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.

(Physician or midwife)

Address Ilo Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 10/9 1919 R. E. Dunlop Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1967

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JUN 18 1979
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 73492
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed Nelson (Female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 4, 1919 (Date of Event) in Ilo (Lewis) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Nelson	Fern Maxine Nelson

Subscribed and sworn to before me this 4th day of April, 1979.
Notary Public, [signature]
Residing at Lewiston, Idaho
My commission expires 7-21-80
(Seal)

Fern M. Cleveland
Signature of Applicant
E 8520 Bridgeport Spokane, Wa 99206
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1979.
Notary Public, [signature]
Residing at Lewiston, Idaho
My commission expires 7-21-80
(Seal)

Marvel Yarbridge
Supporting Signature
3437 7th St. E Lewiston, Idaho
Street Address, City, State

2-28-79

Notification of Birth Registration from Boise, Idaho for Teri Louise Cleveland born Aug 15, 1944 at Lewiston, Idaho. File No. 385336. father name as Robert Milton Cleveland and the mothers name as Fern Maxine Nelson. viewed by V. S.

SEP 20 1979

Diploma from Lewiston High school, Lewiston,Idaho gives name as Fern Maxine Nelson dated May 18, 1938. viewed by V. S.

769-210-031-236

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer RFD

Registration District No. 30

File No. 73493

No. ..... St.

Primary Registration District No. 2129

Registered No. 24

Hospital .....

FULL NAME OF CHILD Almira Louise Maria Primus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	—	No	Oct 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis J. Primus	FULL MAIDEN NAME	Winnie Elmira Black
RESIDENCE	Vollmer RFD	RESIDENCE	Vollmer RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Independence Ia.	BIRTHPLACE	Mobler, Ida.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Des Idaho

Filed 8/13 19 19 R. E. Dunlap Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 3 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS SEP 18 11 26 AM '73

State of Idaho
County of Idaho } ss.

Certificate No. 73493

Date Filed

"The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Prinuis (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 10, 1919 (Date of Event)
in Vollmer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Prinuis	Almira Louise Maria Primus
father's last name	Prinuis	Primus

Subscribed and sworn to before me this 14th day of September, 1973

Vincent B. Hatting
Notary Public, residing at Cottonwood Idaho
My commission expires 1/9/74
(Seal)

Signed Mrs. Donna von Borgen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Cottonwood, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Idaho } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of September, 1973

Vincent B. Hatting
Notary Public, residing at Cottonwood, Idaho
My commission expires 1/9/74
(Seal)

Signed John W Seubert
(Signature of Any Credible Person)
Cottonwood Idaho
(Street Address, City, State)

FORM DH 60-155 CL 9/12/73

Certificate of Baptism in Roman-Catholic Church gives name as Almira Louise Maria Primus daughter of Louis Jacob Primus and Almira W. M. Black Was born Oct. 10, 1919. Was Baptized Oct. 29, 1919. Copy dated April 27, 1941. Viewed by V. S.

SEP 18 1973

Marriage Certificate from Washington gives groom's name as John W. Seubert and the ~~xx~~bride's name as Almira Primus. dated June 2, 1941. Viewed by V.s.

842-111-031-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73494

Registration District No. 30 File No. .....

Primary Registration District No. 2129 Registered No. 95

FULL NAME OF CHILD Robert Werner Huber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Oct 11 1919

FATHER		MOTHER	
FULL NAME	Werner S. Huber	FULL MAIDEN NAME	Maudie McCorkell
RESIDENCE	Ilo	RESIDENCE	Ilo
COLOR	White AGE AT LAST BIRTHDAY 27 (Years)	COLOR	white AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Troutdale Wash	BIRTHPLACE	Idaho
OCCUPATION	Stock Buyer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ilo Idaho

Filed 10/13 1919 R. E. Dunlap

Registrar Registrar

OCT 17 1941

766-229
024-255 PLAC[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73495

County of Gooding

City of Gooding

No. ..... St.

Hospital Gooding

Registration District No. ..... File No. .....

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Maxine Gooding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Gooding Jr.	FULL MAIDEN NAME	Hester Benett
RESIDENCE	Shoshone Ida.	RESIDENCE	Shoshone Ida.
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Cary

Gooding Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Idaho

Filed 10-29-1919 F. Cary M.D.

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FOR BIRTH

815-227-024-366

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2014 File No. 73496

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Baby Hancock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) — 27 (Day) — 1919 (Year)

FATHER		MOTHER	
FULL NAME	H. L. Hancock	FULL MAIDEN NAME	Susie Coon
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 30/9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10-29- 1919 F. T. Cary M.D.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714-204-024-231

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Gooding

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2014

File No. 73497

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Margaret Pauls

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 — 4 — 1919

FATHER

FULL NAME Erwin Pauls

RESIDENCE Gooding

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Sweden

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Mary Elizabeth Stanwood

RESIDENCE Gooding Ida

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 8.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Hoary

Gooding
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 10-17- 1919

E. Hoary
Registrar

S-Y CO. 24655

JUL 11 1956

843-114-024-314

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73498

Registration District No. 2014 File No. .....

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD John Harold Hutton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9 (Month) — 14 (Day) — 1919 (Year)

FATHER		MOTHER	
FULL NAME	H. P. Hutton	FULL MAIDEN NAME	Ethel Campbell
RESIDENCE	Gooding Ida.	RESIDENCE	Gooding Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Montanna	BIRTHPLACE	Minnesota
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was aliue (Born alive or stillborn) at 11 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Hary

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed Sept. 1919 F. Hary Registrar

..... Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1969

419-120-024-249

Form V. S. No. 11-C—25m-1-1-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73499

Registration District No. 2014 File No. .....

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD Baby Marcum

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: 10 (Month) — 20 (Day) — 1919 (Year)

FATHER

FULL NAME: T. J. Marcum

RESIDENCE: Gooding Ida.

COLOR: W AGE AT LAST BIRTHDAY: 61 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Nurseryman

MOTHER

FULL MAIDEN NAME: Elsie Van Kuren

RESIDENCE: Gooding Ida.

COLOR: W AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Michigan

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 39 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. F. Carey M. D.

(Physician or midwife)

Address Gooding Idaho

Filed 10 — 20 — 1919

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y CO. 24655

929-101-024-951

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73500

County of Gooding

City of Gooding

Registration District No. 2014 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Milos Zsivic

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov 1 1919

FATHER		MOTHER	
FULL NAME	Milutin Zsivic	FULL MAIDEN NAME	Mila Ivan
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Austo-Hungary	BIRTHPLACE	Austro Hungary
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7. A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding Idaho

Filed 11-3- 1919

F. Carr

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-130-024-165

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73502

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 2014 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jack Baden Powell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Powell	FULL MAIDEN NAME	Mary Jane Jones
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Wales
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Ida

Filed 11-3-1919 L Hary

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

F-20-41

862-112-024-367

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73502

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 2014 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Horse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Horse	FULL MAIDEN NAME	Hester Cox
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Ida.

Filed Oct 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

HOSAC

dup of 1919-372614

819-205-024-465

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Gooding

City of Gooding

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73503

Registration District No. 2014 File No. _____

Primary Registration District No. 1014 Registered No. _____

FULL NAME OF CHILD Jean Harnett

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Sep. 5 1919 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Bert Harnett	FULL MAIDEN NAME	May Montgomery
RESIDENCE	Gooding	RESIDENCE	Iowa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Gooding, Idaho

Filed 10-17-1919 F. T. Cary M. D. Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

:236-206-024-155-

PLACE OF BIRTH

County of Gooding

City of Gooding

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

73504

Registration District No. 2014 File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD MAUDA Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sep 6 1914

	FATHER	MOTHER
FULL NAME	Stanley Stone	Fresse Jensen
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	34
BIRTHPLACE	Massachusetts	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

(Signature) H. E. Lamb

(Physician or midwife)

Address Gooding, Idaho

Filed 10-17-1919 F. T. Carey M.D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

FEB 3 1942

Certificate No. 7350

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 9-6-1919 (DATE OF EVENT)
in Gooding, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb. 2 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Maud Stone

Subscribed and sworn to before me this 2nd
day of February, 19 42

M F Ryan

Notary Public, residing at Gooding, Idaho
My commission expires Dec. 8, 1943
(SEAL)

Signed Stanley Stone
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Gooding, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of February, 1942

M F Ryan

Notary Public, residing at Gooding, Idaho
My commission expires Dec. 8, 1943
(SEAL)

Signed Jessie Mink
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Gooding, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 3 1942 By
(REGISTRAR'S SIGNATURE)

FEB 14 1942

235-219-0324-296

PLACE OF BIRTH (name added 2-24-82)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

73505

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 2014

File No. .....

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Elizabeth Stewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sep 19 19

	FATHER	MOTHER
FULL NAME	Thos Stewart	FULL MAIDEN NAME Elizabeth Sisch
RESIDENCE	Gooding	RESIDENCE Gooding
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE Scotland
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8. P. M. on the date above stated.

(Signature) H. E. Lamb M. D.

(Physician or midwife)

Address Gooding Idaho

Filed 10-17- 1919 H. Gary Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-22-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 73505
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Stewart (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-19-19 (Date of Event)
in Gooding (Gooding) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Mary Elizabeth Stewart

Subscribed and sworn to before me this 19th day of February 1982
Notary Public, J. Cleveland Bell
Residing at Box 282 Waterloo, Co. 81422
My commission expires 12-30-84
(Seal)

Mary Elizabeth Stewart Moore
Signature of Applicant
Box 442 Dusla Colorado 81424
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ariz. } ss.
County of Maricopa

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of February, 1982.
Notary Public, Lilly B. Sandige
Residing at Phoenix Ariz.
My commission expires Mar. 29, 1982
(Seal)

(above applicants brother)
Thomas Stewart Jr.
Supporting Signature
4123 W. Sheridan Phoenix, Az. 85009
Street Address, City, State

1 cc pd

Marriage Certificate for Robert B Moore and Mary Elizabeth Stewart gives them married at Baptist Parsonage in Gooding in State of Idaho on 3-26-37. Viewed by V.S.

FEB 24 1982

Application to Security Life and Accident Co. of Denver, CO gives Mary E Moore born 9-19-19 in Idaho applied for insurance on 2-10-61. Viewed by V.S.

595-210-024-753

Form V.S. 1-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 2014 File No. 73506

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Nielson, Oneita Ilene

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sep 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	~~Alt~~ Ivan Nielson	FULL MAIDEN NAME	Alberta Petersen
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

(Signature) H. E. Lamb

(Physician or midwife)

Address Gooding Idaho

Filed 10-17-1919 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of ~~County~~ Gooding

Certificate No. 73506
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Sept 10th 1919 (Birth or death)
for Oneita Ilene Nielson (Name on original certificate) who Born (Was born or died) 1919 on Sept 10th 1919 (Date of event)
in Gooding, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Sept. 10th 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
	unnamed Neilson	Oneita Ilene Nielson

Subscribed and sworn to before me this 28th
day of May, 19 41.

Notary Public, residing at Wendell, Idaho
My commission expires Jan 16 - 1943
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of ~~attendant, funeral director, informant if correcting a death~~ record; or other credible person)
Mrs Ivan Nielson
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Gooding

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of June, 1941.

Notary Public, residing at Wendell Idaho
My commission expires Jan 16 - 1943
[SEAL]

Signed L A Adams
(Signature of any credible person other than the previous affiant)
Wendell Ida
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

794-212-024-799

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73507

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Prince

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 12 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Prince	Anna Prudrey
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

(Signature) H. E. Lamb —

(Physician or midwife)

Address Gooding Idaho

Filed 10-17- 1919 E. H. Carr Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]-366-117-037-855

Form V. S. No. 11-C--25m-7-21-19

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73508

County Owyhee

City or [redacted] Homedale Registration District No. 107 File No.

No. St.

Hospital Home Primary Registration District No. 218 Registered No.

FULL NAME OF CHILD Claud Townsend

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 17 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Townsend	Bessie Henderson
RESIDENCE	Homedale	Homedale
COLOR	White	White
AGE AT LAST BIRTHDAY	44 (Years)	37 (Years)
BIRTHPLACE	Silver City	Shoshone, Idaho
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bench
(Physician or midwife)

Address Wilder Ida

Filed Sept 30 1919 A B Bench
Registrar

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1975

JUL 7 1942

455-209-037-433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73509

County of Owyhee

City of Homedale

No. ..... St.

Hospital Home

Registration District No. 407 File No. .....

Primary Registration District No. 2185 Registered No. .....

FULL NAME OF CHILD Mildred Denson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Thos. Arthur Denson	FULL MAIDEN NAME	Martha McCord
RESIDENCE	Homedale Ida	RESIDENCE	Homedale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Belvine Mich	BIRTHPLACE	C. Bluff. Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Brack

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wilder Ida

Filed Aug 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-P06-027-319

PLACE OF BIRTH

County of Overflow

Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VIRTUAL STATISTICS

CERTIFICATE OF BIRTH

73510

City of Homedale

Registration District No. 107 File No.

No. St.

Primary Registration District No. 2185 Registered No.

Hospital Home

FULL NAME OF CHILD James Curtis Lodge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Lodge	FULL MAIDEN NAME	Mary M Curtis
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Popular Grove Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Boeck

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Wilder Ida

Registrar

Filed Aug 31 1919 A B Boeck

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF
BUREAU OF

CERTIFICATE OF

315-219-037-743

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73511

County of Owyhee

City of Homedale

Registration District No. ..... File No. .....

No. ..... St.

Hospital Home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Langford

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 19 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Langford	Elena Guttenberg
RESIDENCE	Homedale	Homedale Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	35
BIRTHPLACE	Lincoln Neb.	Lisbon N.D.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4-03 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Brock MD

M D.

(Physician or midwife)

Address Wilder Idu.

Given names added from a supplemental report.

..... 19....

Registrar

Filed June 30 1919 A B Brock

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1970

281-104-037-613

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee

City of Homedale

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **73512**

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Cecil Robert Shaw

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Feb. 4 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. E. Shaw	Mary. Watkins
RESIDENCE	Homedale Ida	Homedale Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Baker Co. Ore.	Hereford Ore.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive., at 9 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Bosch M.D.
(Physician or midwife)

Address Wilder Ida

Given names added from a supplemental report. ..... 19....

Filed Feb 28 19 19 C B Bosch
Registrar

Registrar

381-228-037-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73513

County of Owyhee

City of Homedale

Registration District No. 107 File No.

No. St.

Primary Registration District No. 2185 Registered No.

Hospital Home

FULL NAME OF CHILD Mary Chadez

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Jan 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Chadez	FULL MAIDEN NAME	Mary Marchek
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Boeck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Wilder Ida

19

Filed Jan 31 1919 A B Boeck

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of child changed by authority of Dr. Boeck, via telephone 5-18, 1941

5/22/41 L. B.

715-130-037-316

V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Owyhee

City of Home

Registration District No. 107

File No. 73514

No. ..... St.

Primary Registration District No. 2185

Registered No. .....

Hospital Home

FULL NAME OF CHILD Andrew Leroy Ganow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jacob Roy Ganow	FULL MAIDEN NAME	Laverna May Lawson
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Rushville Neb.	BIRTHPLACE	Bellvue Ida
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wilder Ida

Filed June 2 1919 A B Borch Registrar

..... Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 30 1946

5/23/41 L. B.

466-117-037-843

Form V.S. No. 114—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73515

County of Oneida

City of Downedale

No. ..... St.

Hospital Home

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD James Carl Moore

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
				Yes	July 17 1919

FATHER

FULL NAME Calvin Moore

RESIDENCE Downedale Ida

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Marshall Co Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Grand Hutchens

RESIDENCE Downedale Ida

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE New Providence Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a M. on the date above stated.

(Signature) A B Board MD

(Physician or midwife)

Address Wilder Ida

Filed July 30 1919 A B Board Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11-30-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend the Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 27 10 45 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 73515

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Moore (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1919 (Date of Event)
in Homedale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	unnamed	James Carl Moore

Subscribed and sworn to before me this 11 TH day of Dec, 19 67

Notary Public, residing at Boise, Idaho
My commission expires Sept 13-1970
(Seal)

X Signed Maude H. Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3503 W. State st, Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 TH day of Dec, 19 67

Notary Public, residing at Boise, Idaho
My commission expires Sept 13-1970
(Seal)

Signed Betty J. Moore
(Signature of Any Credible Person)
1317 Columbus Boise Idaho 83705
(Street Address, City, State)

K

Marriage License and Certificate issued by the State of Idaho #19535 gives name as James Carl Moore. Dated March 31, 1946. Viewed by V.S.

JUN 22 1976

Discharge papers issued by Fort Lewis, Washington dated 22 March 1946 gives name as James C. Moore. Viewed by V.S.

719-215-032-436

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

73516

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

No. ..... St.

Hospital Home

Registration District No. 107 File No. .....

Primary Registration District No. 2185 Registered No. .....

FULL NAME OF CHILD Frances Marie Painter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	Apr. 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cleo Painter	FULL MAIDEN NAME	Pearl McWhirt
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Lalourer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 P. M. on the date above stated.

(Signature) A B Boach M.D.

Physician (Physician or midwife)

Address Wilder Ida

Filed April 30 1919 A B Boach Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1952

213-129-037-366

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73517

County of Owyhee

City of Homedale

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital Home

FULL NAME OF CHILD Harold Herbert Baltzor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. W. Baltzor	FULL MAIDEN NAME	Mary Roomis
RESIDENCE	Homedale Ida	RESIDENCE	Homedale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Jordan Valley	BIRTHPLACE	Caldwell Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wilder Idaho

Filed Sept 30 1919 A B Borch

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-247-037-113

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73518

County of Oneyhee

City of Homedale Registration District No. 107 File No.

No. St.

Hospital Home Primary Registration District No. 2185 Registered No.

FULL NAME OF CHILD Josephine Laura Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ira Edwin Smith	FULL MAIDEN NAME	Mattie Emma Jackson
RESIDENCE	Homedale Ida	RESIDENCE	Homedale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	San Lois Cal.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Boeck MD

M D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Wilder Ida

Filed Sept 30 1919 A B Boeck
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1942

915-202-006-451

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **73519**

Registration District No. 116 File No. 9

Primary Registration District No. 2195 Registered No. 418

FULL NAME OF CHILD Laura Belle Randall

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Victor E Randall	FULL MAIDEN NAME	Lella Inabinet
RESIDENCE	Sterling Ida	RESIDENCE	Sterling, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Filed Oct 2 1919 McMurtrimon

Registrar

Registrar

Given names added from a supplemental report.

..... 19.....

.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 8 1942

795-~~109~~-006-214

Form V. S. No. 11-C—~~25m-9~~-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73520

Registration District No. 116 File No. 9

Primary Registration District No. 2195 Registered No. 419

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Joseph Pinkerton	FULL MAIDEN NAME	Isabel Baumeister
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	New York	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mercer Kinnon, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Aberdeen Ida

..... 19 .....

Filed Oct 9 1919 Mercer Kinnon

..... Registrar ..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

353-214-006-345

Amended 7-21-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73521
Local Reg. No. 420
Reg. Dist. No. 116

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Aberdeen

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Aberdeen

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Georgianne b. (Middle): c. (Last): Lechleiter

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Oct. 14, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): George b. (Middle): John c. (Last): Lechleiter

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
35 YEARS	Illinois	Manager, Retail Lumber	Yard

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Estella b. (Middle): Louise c. (Last): Cunningham

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
35 YEARS	Illinois	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. C. MacKinnon, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Aberdeen, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 14, 1919

22. REGISTRAR'S SIGNATURE: M.C. MacKinnon

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 15 1967
Bureau of Vital Statistics

State of Idaho } ss.
County of Bonneville }

Certificate No. 73521

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Georgiana Lechleiter (Name on Original Certificate) who was born (Was Born or Died) on Oct. 14, 1919 (Date of Event)
in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the certificate
true facts are shown by school records Baptismal (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Georgiana Lechleiter	Georgianne Lechleiter

Subscribed and sworn to before me this 14th day of June, 19 67

Notary Public, residing at Idaho Falls, Idaho
My commission expires 1-25-1968
(Seal)

Signed X Estella Lechleiter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of June, 19 67

Notary Public, residing at Idaho Falls, Idaho
My commission expires 1-25-1968
(Seal)

Signed Joseph C. Lechleiter
(Signature of Any Credible Person)

Idaho Falls, Idaho
(Street Address, City, State)

CL 6-8-67. nm

FORM DH 60-155

Own Child's Birth Certificate on file:(Idaho Birth) #382406 gives full maiden name of mother as Georgianne Lechleiter - viewed by V.S.

Aberdeen, Idaho High School Diploma, May 14, 1937 gives full name as Georgianne Lechleiter - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—~~25m-9-8-17~~

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 73521

Primary Registration District No. 2195 Registered No. 420

FULL NAME OF CHILD Georgiana Leckleiter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 14 19

FATHER		MOTHER	
FULL NAME	George John Leckleiter	FULL MAIDEN NAME	Estella Louise Cunningham
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Manager Retail Lumber Yard	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 14 19 19 M. C. MacKinnon

Registrar

APR 26 1967
JUL 21 1967

645-220-006-266

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73522

Registration District No. 116

File No. 9

Primary Registration District No. 2195

Registered No. 421

FULL NAME OF CHILD Vera N. Funk

Sex of Child	Twin / Triplet / or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Oct 20 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Hunt	FULL MAIDEN NAME	Katherine Koop
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Cunningham M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 24 19 18 W. M. Cunningham Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO, } ss.
County of POWER, }

Certificate No. 73522

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Funk (Name on Original Certificate) who born (Was Born or Died) on 10-20-1919 (Date of Event) in Aberdeen (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 30, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	No Name Given	Vera Nellie Funk

Subscribed and sworn to before me this 8th day of February, 19 65

Notary Public, residing at American Falls, Idaho
My commission expires October 22, 1967.
(Seal)

Signed Vera Nellie Funk
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

730 Hutchinson Ave., American Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO, } ss.
County of POWER, }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of February, 1965.

Notary Public, residing at RESIDING AT AMERICAN FALLS, IDAHO
My commission expires My commission expires October 22, 1967
(Seal)

Signed Katherine Funk
(Signature of Any Credible Person)

Box 730, AMERICAN FALLS, IDAHO
(Street Address, City, State)

FORM DPH 55. 155

L 1-10-58 1 copy paid

Certificate of Baptism, First Mennonite Church, Aberdeen, Idaho gives full name as Vera N. Funk, born Oct. 20, 1919 to Gerhard and Katharine Funk - baptized June 16,1935 - viewedby V.S.

FEB 12 1965

State of Idaho, Marriage License and Certificate, State of Idaho, Countyof Power, married Nov. 14, 1940 at Aberdeen, Idaho - givesfull name of groom as Ernest Leland Permann and full name of bride as Vera Nellie Funk - viewed by VS

High School Diploma, State of Idaho, dated May 13, 1938 at Aberdeen, Idaho gives full name of student as Vera N. Funk - viewed by V.S.

documents did not give full middle name so full name was added Vera N. Funk - 2-12-65.

753-221-506-569

Amended June 30, 1959

Form V. S. No. 11-C-25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73523

Registration District No. 116 File No. 9

Primary Registration District No. 2195 Registered No. 422

FULL NAME OF CHILD Nettie Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	-	Yes	Oct 21 1919

FATHER		MOTHER	
FULL NAME	Jake Henry Peterson	FULL MAIDEN NAME	Rose Norton
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McCunn Timmons, M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Oct 21 1919 M. C. McCunn Timmons Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own child's birth certificate #345800, shows name as Nettie Peterson, viewed by V.S. Certificate of Blessing, dated Feb. 1, 1920, Aberdeen Ward, No. 219, shows name as Nettie Peterson, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Elmore

Certificate No. 73523

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Peterson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1919 (Date of Event) in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed Peterson	Nettie Peterson

Subscribed and sworn to before me this 3rd day of July, 1958

Notary Public, residing at Mtn Home Idaho
My commission expires March 3, 1961
(Seal)

Signed Rose Peterson - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 291 Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of July, 1958

Notary Public, residing at Mtn Home Idaho
My commission expires March 3, 1961
(Seal)

Signed Lois Peterson
(Signature of Any Credible Person)

220 Baker Drive
(Street Address, City, State)
Mtn Home, Idaho

FORM DPH 55.155

cj

1 copy paid

JUN 3 0 1976

MAY 1 8 1976

MAY 2 0 1976

545-123
039-296

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73524

County of ~~Bus~~ Power

City of American Falls

Registration District No. 116

File No. 9

No. ..... St.

Primary Registration District No. 2195

Registered No. 423

Hospital Bethany Deaconess

FULL NAME OF CHILD Unnamed Mungesser

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Perry Mungesser	FULL MAIDEN NAME	Jessie M. Brown
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMartinian M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Oct 23 1919 McMartinian Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

743-113-02

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73525

County of Kootenai

City of Rose Lake

Registration District No. 126

File No. 3

No. ..... St.

Primary Registration District No. 2204

Registered No. 23

Hospital .....

FULL NAME OF CHILD Robert Raymond Gutches

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 13 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Perry Gutches	FULL MAIDEN NAME Lily Elma Davis
RESIDENCE Rose Lake	RESIDENCE Rose Lake
COLOR white AGE AT LAST BIRTHDAY 21 (Years)	COLOR white AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Whitman County, Washington	BIRTHPLACE Latah County, Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rose Lake, Idaho

..... 19.....

Filed Nov 1 1919 J. M. Bunney

..... Registrar

Registrar

363-124-006-419

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital ..... Jerry Comfort Colborn

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73526

Registration District No. 116 File No. .....

Primary Registration District No. 2150 Registered No. 424

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct. 24, 19

FATHER		MOTHER	
FULL NAME	Jerry Comfort Colborn (deceased)	FULL MAIDEN NAME	Ruth Marion Martin
RESIDENCE	—	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Automobile Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. C. McKinney M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed Oct 24 19 18 M. McKinney

Registrar

MAR 15 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

493-115-028-165

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—[illegible]

73527

Registration District No. 126

File No. 3

Primary Registration District No. 2204

Registered No. 24

FULL NAME OF CHILD Robert Ray Millard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl A. Milliard	FULL MAIDEN NAME	Bertha Myra Jones
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Blue Springs, Nebraska	BIRTHPLACE	Beaver Crossing, Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rose Lake, Idaho

Filed Nov 1 1919 J. M. Thurney

Registrar

Registrar

MAR 22 1961

389 - 215 - 028 - 845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73 528

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 23

FULL NAME OF CHILD Lois Chisholm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept 15 19

FATHER		MOTHER	
FULL NAME	Walter Andrew Chisholm	FULL MAIDEN NAME	Ruth anna Huey
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Spokane, Washington
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth five Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician
(Physician or midwife)

Address Rose Lake Idaho

Given names added from a supplemental report.

.....19.....

..... Registrar

Filed Nov 1 1917 Registrar

MAY 3 0 1985

951-223-028-864

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

73529

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 26

FULL NAME OF CHILD ____

Sex of Child: Female | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Oct 23 (Month) (Day) 1918 (Year)

FATHER	MOTHER
FULL NAME: John Reader	FULL MAIDEN NAME: Kate Young
RESIDENCE: Harrison Idaho	RESIDENCE: Harrison Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Holland
OCCUPATION: Contractor	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 23 1918 at 7:20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tenney

Physician
(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 1 1918 J. M. Tenney Registrar

5-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-127-028-386

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

73531

Registration District No. 126 File No. 3

Primary Registration District No. 2304 Registered No. 27

FULL NAME OF CHILD Ralph Edward Christy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 27 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas E Christy	Laura Thomas
RESIDENCE	Harrison Ida	Harrison Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	27
BIRTHPLACE	Mich	Ida
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 27-17 at 9.30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kenney

Physician
(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

....19....

Registrar

Filed Nov 1 1917 J M Kenney

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 73531

State of Washington } ss.
County of Spokane }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ralph Edward Christy (Name on Original Certificate) who was born (Was Born or Died) on 10-27-19 (Date of Event)
in Harrison Kootenai Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by witness (Bible Record, Insurance Policy, Etc.) prepared on March 27, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Christy	Ralph Edward Christy
Ralph Edward Christy		

Subscribed and sworn to before me this 27th day of March, 1942.

Paul Dennett

Notary Public, residing at Spokane

My commission expires 5-16-45

(Seal)

Signed Lillian Abel Cicero
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

161 A Browne, Spokane, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of March, 1942.

Paul Dennett

Notary Public, residing at Spokane

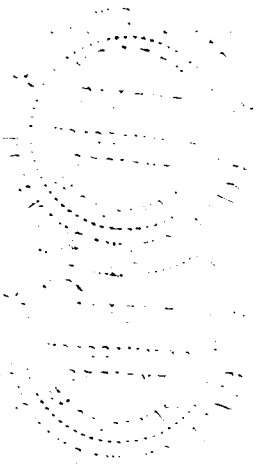
My commission expires 5-16-45

(Seal)

Signed Geo. H. Cicero
(Signature of Any Credible Person Other Than Previous Year)

161 A Browne, Spokane, Wn
(Street Address, City, State)

MAY 22 1942



443-130-028-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH.

73532

County of Kootenai

City of Coeur d'Alene 20 Boy

Registration District No. 126 File No. 3

No. ..... St.

Primary Registration District No. 2204 Registered No. 29

Hospital .....

FULL NAME OF CHILD Donald Francis Duthie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 30 1919

FATHER		MOTHER	
FULL NAME	M. Duthie	FULL MAIDEN NAME	Edna May Syon
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minn	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 30-19 at 6 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kennedy

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Idaho

Filed Nov 1 1919 J M Kennedy

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1950

FEB 20 1951

165-109-040-168

MARGIN RESERVED FOR BINDING

• WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73533

County of Shoshone

City of Clarkia

No. ..... St.

Hospital .....

Registration District No. 66 File No. 17

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Calvin Marshall Jones

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10-9-1919

FATHER

FULL NAME Lalon Ira Jones

RESIDENCE Clarkia Idaho

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Minnesota

OCCUPATION Fireman

MOTHER

FULL MAIDEN NAME Julia Pearl Johnson

RESIDENCE Clarkia Idaho

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE California

OCCUPATION Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) J. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Filed 10/15 1919 Mrs. J. C. Gibson Registrar

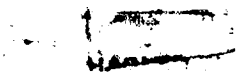
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071



JUL 2 2 1974

955-209-001-355

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

[redacted] V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

73534

County of Ada

City of Boise

No. R. D. 2 St.

Hospital

Registration District No. 11

Primary Registration District No. 2003

File No.

Registered No.

FULL NAME OF CHILD Marjorie Joy ~~Marie~~ Kesis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct. 9 1919

FATHER		MOTHER	
FULL NAME	Ernest LeRoy Kesis	FULL MAIDEN NAME	Clara B. Teeter
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Ada

Filed Oct. 13, 1919 Alice A. Dutton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of ADA } ss.

Certificate No. 73534

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Dorothy Marie Revis (Name on Original Certificate) who Born (Was Born or Died) on October 9, 1919 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorothy Marie Revis	Marjorie Joy Revis

Subscribed and sworn to before me this 23rd day of June, 1942

Notary Public, residing at Boise

My commission expires June 10 1943

(Seal)

Signed Clara B. Revis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

672 N 12 Boise, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

:TA
IB

JUN 2 4 1942

MAR 1 8 1958

413-127-001-864

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

73535

County of Ada

City of Meridian

No. R. D. 2 St.

Registration District No. 11

File No.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD LEE ROY MATTHEWS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde Lee Matthews	FULL MAIDEN NAME	Hester Alma Young
RESIDENCE	Deceased	RESIDENCE	Meridian Ada R. D. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	War Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian Idaho

Filed Oct. 4 1919 Alice A. Dutton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 73535
Date Filed 10-4-19

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death) birth for (Name on original certificate) no name on original who (Was born or died) born on (Date of event) 9-27-1919 in (Place of event) Meridian are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) mother prepared on (Give date) ——, are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Omitted	Lee Roy Matthews

Subscribed and sworn to before me this 24th day of November, 1941

Wm E Dingman
Notary Public, residing at Boise, Idaho
My commission expires Dec. 13, 1942
[SEAL]

Signed Hesley A Fuller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1005 Michigan ave. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of November, 1941

Wm E Dingman
Notary Public, residing at Boise, Idaho
My commission expires Dec. 13, 1942
[SEAL]

Signed Mrs Grace Montgomery
(Signature of any credible person other than the previous affiant)
Route 1 Boise Ida.
(Street Address, City, State)

Received for filing on ——— By ———
(Registrar's signature)

JUN 8 1954

893-122-001-286

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-3-942

County of Ada

City of Meridian

Registration District No. 11

File No. 73536

No. R. D. 2 St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Carl Lee Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Angus Hill	FULL MAIDEN NAME	Clara Shock
RESIDENCE	Meridian, Idaho	RESIDENCE	Meridian, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Idaho

19

Filed Oct. 4 1919 Alice A. Dutton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

AUG 28 1942

MAR 7 1962

544-229-016-623

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form [redacted] C--25m-7-21-19

73537

County of Cassia

City of Malta

No. 1 St.

Hospital At Home

Registration District No. 119

File No.

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Charlotte Hope Neddo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 29 1919

FATHER		MOTHER	
FULL NAME	Isaac James Neddo	FULL MAIDEN NAME	Alice Osterhout
RESIDENCE	Malta Idaho	RESIDENCE	Malta Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	St John Utah	BIRTHPLACE	Elba Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:55 P. M. on the date above stated.

(Signature) C. J. Sater M D

(Physician or midwife)

Address Malta Idaho

Filed Oct 30 1919 C. J. Sater Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 7553

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Charlotte Hope Neddo

Subscribed and sworn to before me this 17th day of June, 1945.

Notary Public, residing at Boise

My commission expires May 7 - 1946

(Seal)

Signed L. A. Neddo Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

JUN 14 1945

165-127-016-719 Child's name added 3-9-89 MCM

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

No. ____ St.

Hospital At Home

Registration District No. 119 File No. 73538

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD JEFFREY KEITH JONES

Sex of Child Male | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 27 (Day) 19 19 (Year)

FATHER

FULL NAME David W Jones

RESIDENCE Malta Idaho

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Wellsville Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Violet Parkinson

RESIDENCE Malta Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Wellsville Utah

OCCUPATION Home wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 A M. on the date above stated.

(Signature) L D Slater MD

(Physician or midwife)

Address Malta Idaho

Filed Oct 30 19 19 L D Slater Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19 ____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-9-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 73538
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Boy Jones (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 27, 1919 (Date of Event)

in Malta (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Jones	Jeffrey Keith Jones

Subscribed and sworn to before me this 9 day of March, 1989.

Notary Public, Melanie C. Ketchum

Residing at Boise, ID

My commission expires Feb. 22, 1995

(Seal)

Signature of Applicant

23706 84th Ave. W. Edmonds, WA 98020

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS Membership record shows JeffreyKeith Jones born Oct 27, 1919 in Malta to David W Jones & Violet Parkinson and baptized Oct 4, 1931 by Jesse P Hymas. Viewed by VS.

MAR 9 1989

Federal notification of Birth Registration for Ricker Wade Jones born Feb 20, 1948 in Madison St. Hospital to Constance Virginia Kron & Jeffrey Keith Jones. Viewed by VS.

369-221-016-515

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73539

County of Cassia

City of Elba

No. ..... St.

Hospital At home

Registration District No. 114 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lorenzo Twitchell	FULL MAIDEN NAME	Harriet E. Vanleuven
RESIDENCE	Elba, Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Beaver Co. Utah	BIRTHPLACE	Clifton Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Salter M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed Oct 27 1919 C. I. Salter Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-216-016-252

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH
Name added 6-3-81
County of Cassia
City of Albion
No. ____ St.
Hospital Albion

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 119 File No. 73540
Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Velda Baumgartner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Oct 16 1919

FATHER		MOTHER	
FULL NAME	Jacob Baumgartner	FULL MAIDEN NAME	Lola M Simmons
RESIDENCE	Albion, Idaho	RESIDENCE	Albion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Heber Utah
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:40 P M. on the date above stated.
(Born alive or stillborn)

(Signature) C. J. Sater, MD

(Physician or midwife)

Address Malta Idaho.

Filed Oct 27 19 19 C J Sater
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 ____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

8-14-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
[illegible] STATISTICS
[illegible] 10 22 AM '81

State of _____ } ss.
County of _____

Certificate No. 73540
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Baumgartner (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 16, 1919 (Date of Event)

in Albion (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Velda Baumgartner

Subscribed and sworn to before me this 16 day of April, 1981.
Notary Public, Pearl Tolman
Residing at Carey, Id
My commission expires April 22, 1981
(Seal)

Velda Payne
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Church record gives name as Velda Baumgartner, born Oct. 16, 1919, in Albion, Idaho, to Jacob " " and Lola Jessions Baumgartner. Blessed Dec 7, 1919, in L. D. S Church.

JUN 3 1981

Viewed by V.S.

Record of Baptismal gives name as Velda Baumgartner, born Oct 16, 1919, in Albion, Idaho, to Jacob Baumgartner & Lola. Baptized April 30, 1933, L D S Church.

Viewed by V.S.

612-222-016-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Almo

No. ..... St.

Hospital at home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73541

Registration District No. 119 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Janie Mildred Wake

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female				Yes	Oct 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Francis Wake	FULL MAIDEN NAME	Jannie Isabelle Rice
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Willard Utah	BIRTHPLACE	Almo Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed Oct 27 1919 C. I. Sater Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS APR 3 10 14 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 73541

County of Cassia } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Wake (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct 22, 1919 (Date of Event)

in Almo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on June 6, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Janie Mildred Wake

Subscribed and sworn to before me this 30th day of March, 1975

Sadie De Glee

Notary Public, residing at Twin Falls

My commission ~~expires~~ is indefinite

(Seal)

Signed Janie D. Wake

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Elba Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 1975

Sadie De Glee

Notary Public, residing at Twin Falls

My commission ~~expires~~ is indefinite

(Seal)

Signed Wesley Rice

(Signature of Any Credible Person)

Elba Idaho

(Street Address, City, State)

FORM DH 60-155

CL 10/30/74 lbc pd. rec. # 18749.

MAY 27 1975

Certificate of birth from the LDS Church gives name as Janie Mildred Wake born Oct. 222, 1919 at Almo, Idaho. ~~ft~~ father's name given as Charles Wake and mother's name as Janie Rice. Entered on record June 6, 1920. viewed by V. S.

PencoProfit Sharing Retirement Plan, for year ending Jan. 31, 1965. No. 7729. gives name as Janie Mildred Bates. ~~xxxx~~ viewed by V. S.

614-106-016-284

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH
name added 9-4-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73542

County of Cassia

City of Naf

No. ..... St.

Hospital at home

Registration District No. 119 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD James Sater Wadman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Oct 6 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Edward Wadman	FULL MAIDEN NAME	Vida Terzier Shope
RESIDENCE	Naf Idaho	RESIDENCE	Naf Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Sater MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed Oct 27 1919 C I Sater

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 4 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 8 1991

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Bureau of Vital Statistics
County of ..... }

Certificate No. 73542

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wadman (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 6, 1919 (Date of Event)
in Naf, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	James Sater Wadman

Subscribed and sworn to before me this 13 day of March, 19 91

Notary Public, residing at Box Elder Creek, Nevada
My commission expires 10-3-94
(Seal)

Signed Illma Wadman Purvis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

By 236 Montello Nevada 89830
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 10/24/75

Federal Employées Group Life Insurace Policy gives James S Wadman born 10-06-19
Dated and signed on 4-27-65. Viewed by V.S.

Marriage Certificate from State of Utah County of Weber gives James Sater Wadman XX
and Veda Koford Setzer married 2-18-64 by Justice of the Peace Dale E Stratfrod.
Viewed by V.S.

995-108-038-238

PLACE OF BIRTH

County of Payette

City of Fruitland

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-[illegible]

Registration District No. ____ File No. 73544

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Ginkelmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 8, 1919

FATHER	MOTHER
FULL NAME: A. C. Ginkelmann	FULL MAIDEN NAME: Kate Schank
RESIDENCE: Fruitland Idaho	RESIDENCE: Same
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Russia
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 40 A. M. on the date above stated.

(Signature) C. C. Dayton M.D.

(Physician or midwife)

Address Fruitland Idaho

Filed Oct 9 1919 C. C. Dayton
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-225-005-236

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Benewah

City of Desmet Idaho

No. ..... St.

Hospital Mission Hosp

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73545

Registration District No. 31 File No. .....

Primary Registration District No. ..... Registered No. 20

FULL NAME OF CHILD EVELYN HOPE BROWN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	4	Yes	Sept 25 1919

FATHER		MOTHER	
FULL NAME	Joe Brown	FULL MAIDEN NAME	Mabel Blomquist
RESIDENCE	Sanders	RESIDENCE	Sanders
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	—	BIRTHPLACE	Sanders
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. J. Nelson

Desmet Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Oct 24 1919 Mary G. Hill Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Benewah }

Certificate No. 73545

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Evelyn Hope Brown (NAME ON ORIGINAL CERTIFICATE) who Was born (WAS BORN OR DIED) on Sept 25 - 1919 (DATE OF EVENT)
in De Smet, Idaho (PLACE OF EVENT) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb - 12 - 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Evelyn Hope Brown

Subscribed and sworn to before me this 12th
day of February, 1943
Jasper R Inscore
Notary Public, residing at NOTARY PUBLIC in and for the State of Idaho
Residing at Tensed, Idaho
My commission expires My Commission expires Aug. 1, 1946
(SEAL)

Signed Joseph M. Brown
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
DeSmet, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Benewah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of February, 1943
Jasper R Inscore
Notary Public, residing at NOTARY PUBLIC in and for the State of Idaho
Residing at Tensed, Idaho
My commission expires My Commission expires Aug. 1, 1946
(SEAL)

Signed Henry Holand
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Santuse Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 16 1943

763-126-005-286

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Benewah Co.

City of Desmet Idaho

Registration District No. 31

File No. 73546

No. ..... St.

Primary Registration District No. .....

Registered No. 23

Hospital .....

FULL NAME OF CHILD Francis Joseph Gollen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	8	Yes	Sept 26 1919

FATHER		MOTHER	
FULL NAME	Louis Joseph Gollen	FULL MAIDEN NAME	Agatha Michel Ghorty
RESIDENCE	Coeur d'Alene Reserv.	RESIDENCE	Coeur d'Alene Reserv
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Coeur d'Alene Reserv	BIRTHPLACE	Coeur d'Alene Reserv
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary T. Gollen

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Coeur d'Alene Reserv

Filed Oct 31 1919 Mary G. Hill

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-223-025-769

CE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 84 73547

County of Idaho

City of Cottonwood

Registration District No. 105

No. — St.

Primary Registration District No. 2183

Registered No.

Hospital —

FULL NAME OF CHILD Mary Louise Kaufman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Nov 23 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Kaufman Jr.	Ros Pearson
RESIDENCE	Cottonwood Ida.	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28 yrs.	27
BIRTHPLACE	Ill.	Mont.
OCCUPATION	Farming.	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M., on the date above stated.

(Signature) Dr. Jesse F. Orr

Cottonwood Ida.
(Physician or midwife)

Address

Filed Dec 20 1919

I. N. Blake
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-115
005-312 [redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73548

County of Benewah

City of Desmet Idaho — Registration District No. 31 — File No.

No. ..... St. — Primary Registration District No. ..... — Registered No. 21

Hospital Sisters Hosp. — EDWARD JOHN

FULL NAME OF CHILD Edmund Laird Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Whole	1	Yes	Oct 15th 1919

FATHER		MOTHER	
FULL NAME	~~Edmund~~ Edward John Laird	FULL MAIDEN NAME	Barbara L. Lalountey
RESIDENCE	Desmet Idaho	RESIDENCE	Desmet Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minn	BIRTHPLACE	North Wash
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William B. Riley
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Tekoa Wash

Filed Oct 26 1919 — Mary G. Hill
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 73548

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edward John Laird, Jr. (Name on Original Certificate) who Born (Was Born or Died) on Oct. 15, 1919 (Date of Event)
in Bellevue Idaho (Blaine County) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on April 22, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edmund	Edward John Laird, Jr.
Father's name	Edmund	Edward John Laird Sr.

Subscribed and sworn to before me this 19 day of June, 1943.

Notary Public, residing at Notary Public for Oregon

My commission expires My Commission expires Dec. [illegible]
(Seal)

Signed Mrs Barbara Ford (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8534 N.E. Glisan St. Portland Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of June, 1943.

Notary Public, residing at Notary Public for Oregon

My commission expires
(Seal)

Signed Gregory P. Ford
(Signature of Any Credible Person Other Than Previous Year)

8534 N.E. Glisan St. Portland Oregon
(Street Address, City, State)

JUN 2 3 1943

395-204-000-63

Form V. S. No. 11-C—Mar-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73549

County of Benewah

City of Desmet

Registration District No. 31

File No.

No. Coeur d'Alene Reserv St.

Primary Registration District No.

Registered No. 19

~~Hospital~~ Idaho

FULL NAME OF CHILD Mary Emma Lorella Swan

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	10	Yes	Oct 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Patrick Swan	FULL MAIDEN NAME	Josephine Falcon
RESIDENCE	Desmet Idaho	RESIDENCE	Desmet Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs John Falcon Sr

midwife (Physician or midwife)

Given names added from a supplemental report.

Address Desmet Idaho

19

Filed Oct 14 1919 Mary G. Hill

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 4 1964

431-111-001-84[redacted]

Form V. S. No. 11-C—20m-6-8-17

PLACE OF BIRT[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Barber

No. 22 2d St.

Hospital

Registration District No. 8

Primary Registration District No. 2004

File No. 73550

Registered No. 64

FULL NAME OF CHILD Donald James McAskill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Neil A. McAskill	FULL MAIDEN NAME	Eva Hussey
RESIDENCE	Barber, Ida.	RESIDENCE	Barber, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Idaho
OCCUPATION	Ry. workman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Oct. 11th 1919, at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R. Thomas

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 10/16 1919 L. P. Gorman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-108-008-[illegible]

PLACE OF BIR[illegible]

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Barber via Arrow Rock

Registration District No. 8

File No. 73551

No. ..... St.

Primary Registration District No. 2007

Registered No. 65

Hospital .....

Full Name of Child George Gale Berry

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	Oct 8 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME George G. Berry	FULL MAIDEN NAME Minnie B Davenport
RESIDENCE Barber, via, Arrow Rock Idaho	RESIDENCE Barber via Arrow Rock Idaho
COLOR White AGE AT LAST BIRTHDAY 44 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE White Horn, Tenn.	BIRTHPLACE Mintonville Ky
OCCUPATION Laborer	OCCUPATION House work

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Address 417 Overland Bldg. Boise Ida

Filed 10/15 1919 L P Kinman

Registrar

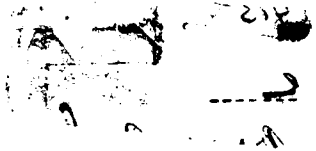
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1945



566-105-001-815

[redacted]

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73552

County of Ada

City of Boise

No. Bench St.

Registration District No. 8

Primary Registration District No. 2004

File No.

Registered No. 68

Hospital KENNETH ANTHONY NORVELL

FULL NAME OF CHILD ~~Infant~~ Norvell

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	0	0	yes	Oct 5 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt H Norvell	FULL MAIDEN NAME	Margaret Heenan
RESIDENCE	Bench	RESIDENCE	Bench
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo	BIRTHPLACE	Mich
OCCUPATION	Clerk	OCCUPATION	Hw Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address 303 Mo Carty Blvd

Filed 10/7 1919 L P Firman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Boise }

Certificate No. 73552

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Infant Norvell (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 5, 1919 (DATE OF EVENT) in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Sister (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 27-1942 (GIVE DATE), are:

FACTS TO BE CORRECTED Name ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Infant Norvell	Infant Norvell	Kenneth Anthony Norvell

Subscribed and sworn to before me this 27th day of April, 1942

M Mautz

Notary Public, residing at Boise, Idaho

My commission expires 3/26/43
(SEAL)

Signed Margaret E. Norvell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 22 1942

MAR 15 1972

231-201-001-234
Amended 2-3-71

PLACE OF BIRTH

Form V. S. No. 11-C—2Im-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73553

County of Ada

City of near Ustick Registration District No. 8 File No.

No. St. Primary Registration District No. 2004 Registered No. 66

Hospital

FULL NAME OF CHILD Piere Blanksma

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fy	2		3	yes	Oct 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Blanksma	FULL MAIDEN NAME	Jennie Kline
RESIDENCE	near Ustick	RESIDENCE	near Ustick
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 303 McCarty Blvd

Filed 10/7 1919 L B Groman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

2-3-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 3 - 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 73553

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Pierre Blanssma (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1919 (Date of Event)
in Ustick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child ~~name~~ name	Pierre Blansma ;	Piere Blanksma
Father's ~~name~~ name	Blansma	Blanksma

Subscribed and sworn to before me this 3rd day of
Feb, 19 71
Florence Courtright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed Vera Blanksma
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1 Melba
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Marriage license issued July 13, 1951 in Ada County gives name of groom as Piere Blanksma married to Vera Ethel Cullum on July 17, 1951.
Viewed by V.S

FEB 3 1971

Own childs birth certificate on file - Idaho - # 61-7119 gives name of father as Piere Blanksma. Child born June 28, 1961 in Nampa, Idaho
Viewed by V.S.

193-129-001-534

Amended 5/21/79

Form V. S. No. 11-C—23m-9-3-17

PLACE OF BIRTH

County of Ada

City of Boise

No. Ivywild St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 8 File No. 73554

Primary Registration District No. 2004 Registered No. 69

FULL NAME OF CHILD Edward Eldredge Arthur

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Sept 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Bennett Arthur	FULL MAIDEN NAME	Myrtle A. Eldredge
RESIDENCE	Ivywild	RESIDENCE	Ivywild
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck
(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Filed 10/18 1919 L R Jeffman
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1943

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 73554
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Edward Eldridge Arthur (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 29, 1919 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Edward Eldridge Arthur	Edward Eldredge Arthur
mother's maiden name	Myrtle M. Eldridge	Myrtle A. Eldredge

Subscribed and sworn to before me this 21st day of May, 1979.

Notary Public, Florence Curtright

Residing at Boise

My commission expires Lifetime

(Seal)

x C. Julia Arthur
Signature of Applicant

8220 2nd No S.L.C.
Street Address, City, State
Utah 84103

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family record gives name as Edward Eldredge Arthur born Sept 29, 1919 at boise, Idaho. Blessed Dec 7, 1919 and Baptized Nov 6, 1927. viewed by V. S.

MAY 21 1979

Signature on affidavit to make correction on sister's birth certif dated in 1968 gives mother's name as Myrtle A. Arthur. viewed by V. S.

Certif of Baptism from the LDS Church gives name as Myrtle Ann Arthur daughter of Hyrum Eldredge and Julia A. Phippen. born May 13, 1981 at Coalville, Utah. Baptized June 28, 1968. viewed by V. S.

345-128-001-859

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73555

County of Ada

City of Boise

Registration District No. _____ File No. _____

No. Bench, E. of Cemetery

Primary Registration District No. _____ Registered No. 70

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
/		Yes	9 28 1919

FATHER		MOTHER	
FULL NAME	J. Albert Tueller	FULL MAIDEN NAME	Margaret Herzog
RESIDENCE	Bench Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth, Three Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. H. Braxtan

(Physician or midwife)

Address Boise, Idaho

Filed 10-18 1919 L. O. Freeman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-101-001-847

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73556

County of Ada

City of Boise

No. N. of Eagle

Hospital

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 71

FULL NAME OF CHILD IRVIN Geo. Goodall

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	10 (Month) — 1 (Day) — 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. H. Goodall	Isabelle Huxtable
RESIDENCE	N. of Eagle, Idaho	N. of Eagle
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Kansas	Michigan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. T. Bratton
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-18 1919 L. O. Gunman Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 73556

Date Filed APR 4 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Edwin George Goodall (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 1, 1919 (DATE OF EVENT)
in One mile North of Eagle, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ✓ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ✓ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Edwin Geo. Goodall	Irvin George Goodall

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(SEAL)

Signed J. M. Brayton M.D.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of April, 1942

Notary Public, residing at Coeur d'Alene, Idaho
NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES AUG. 31, 1944

My commission expires
(SEAL)

Signed Alice M. Delaney
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Box, 523, Coeur d'Alene, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUL 18 1950

OCT 26 1950

386-205-001-42

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73557

County of Ada

City of Kuna (S.E.)

Registration District No. 8

File No.

No. — St.

Primary Registration District No. 2004

Registered No. 72

Hospital —

FULL NAME OF CHILD Thelma May Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 — 5 — 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Thompson	Reba J. Masher
RESIDENCE	Kuna, Idaho	Kuna, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	33
BIRTHPLACE	Ireland	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. N. Braxton

(Physician or midwife)

Address Boise, Idaho

Filed 10-18 1919 L. P. Foreman Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/17/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 17 3 32 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 73557

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Thompson (Name on Original Certificate) who was born (Was Born or Died) on 10/5/19 (Date of Event)
in Kuna, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Thompson	Thelma May Thompson

Subscribed and sworn to before me this 17th day of April, 19 78

Margaret Davis

Notary Public, residing at Burley

My commission expires Lifetime

(Seal)

Signed Otto F. Spielman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Marriage License issued 9/March 1940 lists the name of the Bride as Thelma Mae Thompson. viewed by V.S.

APR 17 1978

Baby book record kept by Mother lists childs name as Thelma May Thompson born 10/5/19. viewed by V.S.

154-101-001-962

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73558

County of Ada

City of Eagle

No. School District 3 Ct.

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 73

Hospital

FULL NAME OF CHILD David Prout Andregg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes.	Oct. 1 1919

FATHER		MOTHER	
FULL NAME	Herman Andregg	FULL MAIDEN NAME	Violet N. Robinson
RESIDENCE	Near Eagle	RESIDENCE	Near Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Minn.	BIRTHPLACE	Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:45 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed 10/18 1919

L. A. Firman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1955

cc 4-9-41 PBA

286-103-001-295

Form V. S. No. 11-C—25m-9-8-17

PLACE ~~OF BIRTH~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73559

County of Ada

City of Boise

No. McKinley School Dist

Hospital

Registration District No.

Primary Registration District No.

File No.

Registered No. 74

FULL NAME OF CHILD GEORGE EVERETT SHOOK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes.	Oct 3 - 1919

FATHER		MOTHER	
FULL NAME	Geo H. Shook	FULL MAIDEN NAME	Clatie Kindall
RESIDENCE	McKinley School Dist.	RESIDENCE	McKinley School Dist.
COLOR	White. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ark.
OCCUPATION	Farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Filed 10/18 1919 L. A. Firman

Registrar

Registrar

MARGIN RESERVED FOR BIN...

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Yakima }

Certificate No. 73559

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) Birth for George Everett Shook (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 3, 1919 (DATE OF EVENT) in Baine Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Social security (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Shook	Geo. Everett Shook

Subscribed and sworn to before me this 5th day of January, 1942.

Bessie Moeck
Notary Public, residing at Yakima
My commission expires Feb 7, 1943.
(SEAL)

Signed Mrs. Clatie Shook Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route 1, Yakima, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of January, 1942

Notary Public, residing at Yakima
My commission expires May 31 - 1942
(SEAL)

Signed G F Shook
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 15 1942 By
(REGISTRAR'S SIGNATURE)

168-226-001-395

Form V. S. No. 11-C—2km-9-8-17

PLACE OF BIRTH
Amended 9-30-75

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73560

County of Ada

City of Barber

No. ..... St.

Hospital ~~X~~

Registration District No. 8

Primary Registration District No. 2004

File No. .....

Registered No. 75

FULL NAME OF CHILD Dorothy Rose Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer S Johnson	FULL MAIDEN NAME	Rose ~~Crouch~~ Creech
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowawa	BIRTHPLACE	Kentucky
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 303 McCarty Bld

Filed 10-25 1919

L P Pinman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 30 9 42 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 73560

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Johnson (Name on Original Certificate) who was born (Was Born or Died) on September 26, 1919 (Date of Event)
in Barber (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Dorothy Rose Johnson
sex of child	male	female

Subscribed and sworn to before me this 30th day of September, 1975

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Louise Womack
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certificate of birth of child lists mother as Dorothy Rose Johnson. Child born June 17, 1938 in Emmett, Idaho. Certificate # 268376.
Viewed by V.S.

SEP 30 1975

Social Security Card, # 518 40 0398 gives name as Dorothy Rose Johnson Rynearson
Card issued June 1948.
Viewed by V.S.

231-118-001-415

PLACE OF BIRTH

County of Ada

City of Near Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 1705

73561

Registration District No. 8

File No. .....

Primary Registration District No. 2004

Registered No. 76

FULL NAME OF CHILD Wesley Elbert Earl Stanfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	Oct 18 — 1919

FATHER

FULL NAME Quincy Banner Stanfield

RESIDENCE near Meridian

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Melvina Davidson

RESIDENCE near Meridian

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Minn.

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or dead), at 5.45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. John Buck

..... (Physician or midwife)

Address 303 McCarty Bldg. Boise Ida

Filed 10-25 19 19

L. P. Thomas Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c.,5/12/41. w.h.

OTTO GOETZ
HOT SPRINGS, NEW MEXICO

A F F I D A V I T.

STATE OF NEW MEXICO, }
COUNTY OF SIERRA, } ss.

Wesley Ehlers Stanfield, also known as Wesley Earl Stanfield, of lawful age, being duly sworn, deposes and says:

That the herewith attached Birth Certificate, issued to him and being numbered "26754" contains the proper description, with the exception of:

> Under line 10, the name of the father is given as Wesley Ehlers Stanfield, this is an error, the correct name being " Q. B. Stanfield or Quincy Baldwin Stanfield."

Affiant asks that the foregoing correction be made.

Signed, this 19th day of May, 1941, at Hot Springs, N. Mex.

Wesley E. Stanfield (SEAL)

Subscribed and sworn to before me, the day and year last above written.

Otto Goetz
Notary Publi.

My commission expires March 27, 1945.

RECEIVED
No money allowed
MAY

Dear Sirs,

Inas much as I have always used Earl as my middle name I would like to have the name Ehlers changed to Earl on my birth certificate if possible. If not please specify Earl also as my middle name as I am registered as Wesley Earl Stanfield with the Draft board & also with my Social Security Registration.

Yours truly
Wesley Earl Stanfield.

NOV 17 1971

246-126-001-799

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-15

BUREAU OF [redacted] STATISTICS

CERTIFICATE OF BIRTH

73563

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 388

FULL NAME OF CHILD Charles Rollin Buffington 3rd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 - 26 - 1919

FATHER		MOTHER	
FULL NAME	Chas. R. Buffington	FULL MAIDEN NAME	Irene Marie Griggs
RESIDENCE	Murphy, Idaho	RESIDENCE	Murphy, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	California
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Sayer M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise, Idaho

Filed 9/30 1919

L. R. Firman

Registrar

S-Y-C(38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 10 1942

3/19/41 L. B.

AUG 1 1949

296-225-001-434

PLACE OF BIRTH

STATE OF IDAHO
[illegible] ATICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-8-8-15

73564

County of Ada

City of Boise

Registration District No. 2 File No.

No. ——— St.

Primary Registration District No. 1004 Registered No. 389

Hospital St. Alphonsus

FULL NAME OF CHILD Virginia Clare Brogan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9 (Month) – 25 (Day) – 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. J. Brogan	FULL MAIDEN NAME	Katherine C. McDevitt
RESIDENCE	Placerville, Idaho	RESIDENCE	Placerville, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Taylor

[illegible] M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 9/30 1919 [illegible] Firman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1942

AUG 26 1958

NOV 3 1961

714-225-001-252

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73565

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 390

FULL NAME OF CHILD Alice Elizabeth Games,

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9-25-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. W. Games	FULL MAIDEN NAME	Minnie Frances Sebree
RESIDENCE	Dillon, Mont.	RESIDENCE	Dillon, Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 9/30 1919 L. P. Pfirman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

141-121-001-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73566

County of Ada

City of Boise

No. — St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 391

FULL NAME OF CHILD John Gardner Adams, Jr.

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. Gardner Adams	FULL MAIDEN NAME	Alexandrina Ross
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7^05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Boise, Idaho

Filed 9/30 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-22-41.

168-124-001-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Luke's

Registration District No. 2 File No. 73567

Primary Registration District No. 1004 Registered No. 392

FULL NAME OF CHILD Boise Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9-24-1919

FATHER		MOTHER	
FULL NAME	John H. Johnson	FULL MAIDEN NAME	Tillie M. Johnson
RESIDENCE	Wanderer's (No fixed place) Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive [illegible]) at 4 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Lawton, M.D.

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/30 1919 L. L. Truman Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1942

231-212-001-205

1972

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 73568

No. ..... St.

Primary Registration District No. 1004

Registered No. 393

Hospital Dr. Alphonsus

FULL NAME OF CHILD Helen Marie Black

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Oct. 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel M. Black	FULL MAIDEN NAME	Edna Stengre
RESIDENCE	1315 Grove St. Boise	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	California	BIRTHPLACE	Kansas
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct. 12-19 at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 10/16 1919

L. P. Pfeiffer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1972

594-210-001-554

PLACE OF BIRTH

County of Ada

City of Boise

No. 305 E. Jefferson St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 — File No. 73569

Primary Registration District No. 1004 — Registered No. 394

Full Name of Child Selma Louise Eide

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Oct 10 1919

FATHER		MOTHER	
FULL NAME	Olav Eide	FULL MAIDEN NAME	Carrie Nedross
RESIDENCE	305 E Jefferson St. Boise Ida	RESIDENCE	305 E. Jefferson St. Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Carpenter	OCCUPATION	House work

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M. D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address 417 Overland Bldg. Boise Ida

Filed 10/15 1919 L. P. Brennan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 6 1966

849-263-001-319

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73570

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 395

Full Name of Child Mary Jane Quinn

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Fe.		Yes	10 13 1919

FATHER		MOTHER	
FULL NAME	John J. Quinn	FULL MAIDEN NAME	Jeanette Laravea
RESIDENCE	Idaho City Idaho	RESIDENCE	Idaho City
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Neb.
OCCUPATION	Boise Co. Sheriff	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Pettingill

Overland Bldg.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 10/14 1919 L. P. Thomas
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

6/23/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Quinn (Name on original certificate) who was born (Was born or died) on Oct. 13, 1919 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Mother (Bible record, insurance policy, etc.) prepared on ~~XXXXXX~~ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Mary Jane Quinn

Subscribed and sworn to before me this 23
day of June, 19 41

Dorothy M. Gray
Notary Public, residing at Boise, Idaho
My commission expires October 26, 1943
[SEAL]

Signed Jeannette L. Quinn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Horse Shoe Bent
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

OCT 24 1968

189-107-001-555

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. St. Alphonsus St.

Hospital ~~St. Luke's~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 73571

Primary Registration District No. 1004 Registered No. 396

FULL NAME OF CHILD Fay Elmer Ayres

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Oct. 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Henry Ayres	FULL MAIDEN NAME	Bertha Marie Everett
RESIDENCE	Star, Idaho	RESIDENCE	Star, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Star, Idaho	BIRTHPLACE	Star, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCulla

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed 10/11 1919 L. P. Grimm

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 73571

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Certificate	Oct. 6-1919	Oct. 7-1919

Subscribed and sworn to before me this ..... day of June, 19 43

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Mrs. Bertha Marie Ayres
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

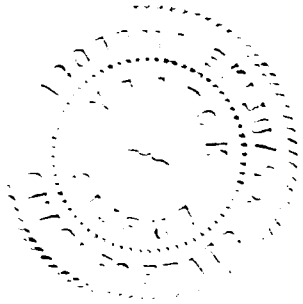
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

JUN 7 1943

OCT 30 1953



433-128-001-659

PLACE OF BIRTH

STATE OF IDAHO
[illegible] OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

73572

County of Ada

City of Boise

No. _____ St.

Hospital _____

Registration District No. 2

File No. _____

Primary Registration District No. 1004

Registered No. 397

FULL NAME OF CHILD John Furgeson McLeod

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	3 28 1919

FATHER		MOTHER	
FULL NAME	James McLeod	FULL MAIDEN NAME	Christine Furgeson
RESIDENCE	516 So 15th Boise	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY	
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Registrar

Feb. 10-22 1919 L P Firman

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1971

JUN 14 1955

[redacted]

PLACE OF BIRTH

621-216-001-195

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **73573**

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 398

FULL NAME OF CHILD Francisca Osa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
girl			yes	Sept 16 1919

FATHER

FULL NAME Marcelino Osa

RESIDENCE 413 So 5th Boise

COLOR Spanish

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Spain

OCCUPATION Sheep herder

MOTHER

FULL MAIDEN NAME Margaret Aremayo

RESIDENCE Boise

COLOR Spanish

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Spain

OCCUPATION

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 p M. on the date above stated.

(Signature) Jno Collett

(Physician or midwife)

Address Boise, Idaho

Filed 10-22 1919 L O Gorman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-125-001-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

File No. 73574

Primary Registration District No. 1004

Registered No. 399

FULL NAME OF CHILD Walter Percy Stillwell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Sept. 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Stillwell	FULL MAIDEN NAME	Maud Fisher
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cleveland, Ohio	BIRTHPLACE	Eagle Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 13 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise Idaho

Filed 10/6 1919 L. P. Furman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 8 1942

415-128-001-419

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **73575**

County of Ada

City of Boise, Idaho

No. ..... *St.*

Hospital St Alphonsus

Registration District No. 2 **File No.** .....

Primary Registration District No. 1004 **Registered No.** 400

FULL NAME OF CHILD Patrick Henry Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Sept. 28 9 191 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME John N Davis	FULL MAIDEN NAME Agnes Darling
RESIDENCE 213 Washington Boise	RESIDENCE
COLOR white AGE AT LAST BIRTHDAY 47 (Years)	COLOR white AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Parkersburg W Virgina	BIRTHPLACE Boise
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collett

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-22 1919 L. P. Firman
Registrar

Registrar

5-Y CO. 24636

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-72231

613-230-001-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73576

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 1

Primary Registration District No. 1004

File No. .....

Registered No. 401

FULL NAME OF CHILD Edith Grace Wall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Sept 30th 1919

FATHER		MOTHER	
FULL NAME	McCall Wall	FULL MAIDEN NAME	Lillian Houghton
RESIDENCE	1461 Jefferson St Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Cornwall, England	BIRTHPLACE	Worcester England
OCCUPATION	Auto Mechanic	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. P. McCalla M.D.

(Physician or midwife)

Address Boise Idaho

Filed 10/6 1919

L. P. Thoman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1048

266-204-001-296

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73577

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

Registration District No. 2 File No. _____

Primary Registration District No. 1004 Registered No. 402

Full Name of Child MELVA VIRGINIA Boone

SEX OF CHILD: Fe	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 10 (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jess. L. Boone	FULL MAIDEN NAME	Mary Virginia Brown ~~Boone~~
RESIDENCE	R# Boise 4	RESIDENCE	R# 4 Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo	BIRTHPLACE	Ark.
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Pringle

Overland Bldg (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address _____

Filed 10/4 1919 L. P. Firman Registrar

_____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Napa } ss.

Certificate No. 73577

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Melva Virginia Boone (Name on Original Certificate) who was born (Was Born or Died) on Oct 4th 1919 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personal Records (Bible Record, Insurance Policy, Etc.) prepared on Oct 4- by her Father (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Melva Virginia Boone

Subscribed and sworn to before me this 8th
day of July, 1943.

John H. Mount
Notary Public, residing at Napa Calif.
My commission expires 12-17-46
(Seal)

Signed Jesse S Boone
(Signature of parent or attendant if correcting a birth record; attendant, funeral director, informant if correcting a death record; or other credible person.)

1414 Earl St Napa Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Napa } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of July, 1943.

John H. Mount
Notary Public, residing at Napa, Calif
My commission expires 12-17-46
(Seal)

Signed Edith M. Phillips
(Signature of Any Credible Person Other Than Previous Year)

924 Brown St. Napa,
(Street Address, City, State)

JUL 12 1943

295-106-001-958

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73579

County of Ada

City of Boise

No. 1402 N. 15th St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 40

FULL NAME OF CHILD John Wesley King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 — 6 — 1919

FATHER		MOTHER	
FULL NAME	J. W. King	FULL MAIDEN NAME	Lila A. Reynolds
RESIDENCE	Kuna, Idaho	RESIDENCE	Kuna, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
COLOR	White	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.25 a. M. on the date above stated.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Address Boise Idaho

Filed 10/18/19 L. O. Sherman
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DEC 1 1952
JUL 3 1961

294-708-601-263

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2

File No. 73580

Primary Registration District No. 1004

Registered No. 405

FULL NAME OF CHILD Dott Elaine Kimball

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. W. Kimball	FULL MAIDEN NAME	Vera W. Bolitho
RESIDENCE	Garden Valley, Idaho	RESIDENCE	Garden Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 4 30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 10/18 1919 L P Bierman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1952

JUN 2 2 1959

962-109-001-866

PLACE OF BIRTH

[redacted] STATE OF IDAHO

BUREAU OF VITAL STATISTICS

U. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Reclamation St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 73581

Registered No. 406

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	10 — 8 — 1919

FATHER		MOTHER	
FULL NAME	James Daniel Ross	FULL MAIDEN NAME	Myrtle Elvira Howell
RESIDENCE	R. Reclamation St Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 6.50 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brayton

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

.....19.....

.....

Registrar

Filed 10-18-19 L. O. Furman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-112-001-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73583

County of Ada

City of Boise

No. 425 S. 12th St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 408

FULL NAME OF CHILD WAYNE CLARENCE HARRINGTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 – 12 – 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Del. A. Harrington	Goldie E. Howard
RESIDENCE	425 S 12th	425 S. 12th
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Utah	Oregon
OCCUPATION	Cook	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. N. Braxton

(Physician or midwife)

Address Boise, Idaho

Filed 10-20 19 19 L. Gorman

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Clara }

Certificate No. 73583
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of WAYNE C. HARRINGTON (Birth or death)
for WAYNE C. HARRINGTON (Name on original certificate) who BORN (Was born or died) on Oct. 12 1919 (Date of event)
in Bisbee, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (Bible record, insurance policy, etc.) prepared on Oct. 12th 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Wayne Clarence Harrington

Subscribed and sworn to before me this 12th day of March, 1942.

Notary Public, residing at Los Gatos Calif.
My commission expires March 19th 1945
[SEAL]

Signed Mrs Gabbie Harrington
Mrs. Gabbie HARRINGTON
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

14 San Mateo Ave. Los Gatos Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 1942.

Notary Public, residing at Los Gatos
My commission expires March 19th 1945
[SEAL]

Signed Mrs June D Sadler
(Signature of any credible person other than the previous affiant.)

217 University Ave
(Street Address, City, State)
Los Gatos California

Received for filing on By
(Registrar's signature)

MAR 24 1962

AUG 27 1962

619-212-001-493

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 411 Pueblo St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 73584

Registered No. 409

FULL NAME OF CHILD Madge Farmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Oct 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. M. Farmer	FULL MAIDEN NAME	Beulah F. Milhorn
RESIDENCE	411 Pueblo St.	RESIDENCE	411 Pueblo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Tenn.
OCCUPATION	Stockman	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Filed 10/18 1919 L. A. Herman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1970

483-208-001-235

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

73585

CERTIFICATE OF BIRTH

County of Ida

City of Boise

No. _____ St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. _____

Registered No. 410

Full Name of Child ETHEL STEWART McCARTHY

SEX OF CHILD: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	DATE OF BIRTH: 10 (Month) 8 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Charles P. McCarthy.	FULL MAIDEN NAME: Ethel Stewart.
RESIDENCE: 1415 Fort St.	RESIDENCE: 1415 Fort St.
COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Boston	BIRTHPLACE: Indiana.
OCCUPATION: Judge.	OCCUPATION: House wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 49 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10-25 1919

L. R. Forman
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 75585

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for my third daughter (Name on Original Certificate) who was born (Was Born or Died) on Oct. 8, 1919 (Date of Event)
in St. Luke's Hospital Boise, Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of my knowledge, the
true facts are shown by entries in a "baby book" (Bible Record, Insurance Policy, Etc.) prepared on Dec. 19, 1919 (Give Date), and, are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ethel Stewart McCarthy

I am the father of Ethel Stewart McCarthy, was personally present at her birth, and the above facts are written from my personal knowledge and recollection.

Subscribed and sworn to before me this 17th day of July, 1942.

Edith C. Pellegrin

Notary Public, residing at 4413 - 3rd Ave, Los Angeles

My commission expires June 9, 1943
(Seal)

Signed Charles P. McCarthy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

837 Third Ave., Los Angeles, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ knowledge.

Subscribed and sworn to before me this 17th day of July, 1942.

Edith C. Pellegrin

Notary Public, residing at 4413 - 3rd Ave, Los Angeles

My commission expires June 7, 1943
(Seal)

Signed Carrie E. Plummer
(Signature of Any Credible Person Other Than Previous Year)

3972 W. 9th St., Los Angeles, Calif.
(Street Address, City, State)

JUL 20 1942

AUG 2 5 1971

JUL 2 1 1942

632-115-001-731

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Barber St.

Hospital St Lukes

Registration District No. 81

Primary Registration District No. 2004

File No. 73586

Registered No. 411

FULL NAME OF CHILD OSCAR E. OLSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 11 1919

FATHER		MOTHER	
FULL NAME	Oscar Olson	FULL MAIDEN NAME	Elsie Glad
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Sweden	BIRTHPLACE	Oregon
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address 303 McCarty Bldg

Filed 10-25 1919 L A Kirman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 73586

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by "BABY BOOK" Pub. 1915 prepared on October 15, 1919 (GIVE DATE), are:
(BIBLE RECORD, INSURANCE POLICY, ETC.)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Oscar E. Olson
Oscar E. Olson		
Born October 15, 1919.		

Subscribed and sworn to before me this 19th day of March, 19 43

Henry A. Sorenson

Notary Public, residing at Arcata, Calif.

My commission expires MY COMMISSION EXPIRES DEC. 30th 1945
(SEAL)

Signed Mrs Elsie J. Amadon Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Star Route, Arcata, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Humboldt }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March, 19 43

Henry A. Sorenson

Notary Public, residing at Arcata, Calif.

My commission expires MY COMMISSION EXPIRES DEC. 30th 1945
(SEAL)

Signed E C Amadon Stepfather
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Star Route, Arcata, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 22 1943

255-114-001-793

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73587

County of Ada

City of Boise

No. 1712 N. 14 St.

Hospital —

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 412

FULL NAME OF CHILD Norman Keeth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	10 — 14 — 1919

FATHER		MOTHER	
FULL NAME	Louis H. Keeth	FULL MAIDEN NAME	Mabel A. Gillnet
RESIDENCE	1712 N. 14th, Boise	RESIDENCE	1712 N. 14, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Pennsylvania
OCCUPATION	Sprayer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 20 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brattan
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise, Idaho

Filed 10-20 1919 L. R. Ferman
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1969

FEB 25 1942

819-216-001-849

[redacted] No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 525 So 13th St.

Hospital

Registration District No. 2 File No. 73588

Primary Registration District No. 1004 Registered No. 413

FULL NAME OF CHILD ANNA FRANCES ~~Harrison~~ Harrison HARRISON

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	\	\	Yes	Oct 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Harrison	FULL MAIDEN NAME	Louisa Quinn
RESIDENCE	525 South 13th St.	RESIDENCE	525 So 13th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:05 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Biwer
Physician
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address 303-304 McCarty Bldg

Filed 10/18 1919 H R Freeman
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 73588

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of ____ (BIRTH OR DEATH)
for Infant Harrison (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct. 16, 1919 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Named	Infant Harrison	Anna Frances Harrison

Subscribed and sworn to before me this 20 day of Jan., 19 42.

S. L. Gill

Notary Public, residing at Boise, Ida.

My commission expires 5-2-44

(SEAL)

Signed x Patricia Harrison

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1114 Clover

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of Jan., 19 42.

S. L. Gill

Notary Public, residing at Boise, Ida.

My commission expires 5-2-44

(SEAL)

Signed Ed March

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2205 Smith Ave.

(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____

(REGISTRAR'S SIGNATURE)

JAN 2 0 1942

JAN 27 1942

915-117-001-269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2

File No. 73589

Primary Registration District No. 1004

Registered No. 414

FULL NAME OF CHILD Richard Henry Randall

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 10 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward Randall	FULL MAIDEN NAME	Gina Sophia Kortveldt
RESIDENCE	1207 Lemp St, Boise	RESIDENCE	1207 Lemp St, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	England	BIRTHPLACE	Norway
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth four

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.00 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 10-25 1919 L. P. Forman
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-118-001-957

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73590

County of Ada

City of Boise

Registration District No. 2 File No.

No. Bellevue and Manitou Sts.,

Primary Registration District No. 1004 Registered No. 415

Hospital

FULL NAME OF CHILD Edwin Lee Smith

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	W. H. Smith	FULL MAIDEN NAME	Lizzie M. Ingram
RESIDENCE	Bellevue and Manitou	RESIDENCE	Bellevue and Manitou Sts., Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed 10-25 1919 F. R. Forman
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 19 942

DECEASED

194-107-001-412

PLACE OF BIRTH

Amended July 8, 1955

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 73591

Primary Registration District No. 1004 Registered No. 416

FULL NAME OF CHILD HARVEY ARMSTRONG

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	Oct. 7 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Harvey G. Armstrong	FULL MAIDEN NAME	Ethel May Mason
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. D. Springer

M.D.
(Physician or midwife)

Address Boise, Idaho

Filed 10-23 1919 L. P. Pirman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 73591

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death),
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Drivers License 1950 Social Security Card prepared on 12-7-1937 (Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	Harvey Armstrong

Subscribed and sworn to before me this 6th day of July, 1955

Notary Public, residing at Caldwell, Idaho
My commission expires May 18, 1958
(Seal)

Signed Earl W. Armstrong
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of July, 1955

Notary Public, residing at Caldwell, Idaho
My commission expires May 18, 1958
(Seal)

Signed X O. J. Mason
(Signature of Any Credible Person)

R 4 Nampa Idaho
(Street Address, City, State)

DPH 52.155

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73591

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death),
for Harvey Armstrong (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by St. Luke's Hospital Record Oct. 19, 1919 prepared on 1950 (Give Date), are:
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Oct. 19, 1919	Oct. 7, 1919

Subscribed and sworn to before me this 8th day of July, 1953

J. W. McBanon
Notary Public, residing at Boise
My commission expires 1 Aug 58
(Seal)

Signed Earl W Armstrong
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Caldwell Ida Rt #4
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of July, 1953

J. W. McBanon
Notary Public, residing at Boise
My commission expires 1 Aug 58
(Seal)

Signed Samuel Armstrong
(Signature of Any Credible Person)

Box 702 Westwood, Calif.
(Street Address, City, State)

DPH 52-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2

File No. 73591

Primary Registration District No. 1004

Registered No. 416

FULL NAME OF CHILD HARVEY ARMSTRONG

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Oct 19 1919

FATHER		MOTHER	
FULL NAME	Harvey G Armstrong	FULL MAIDEN NAME	Ethel May Mason
RESIDENCE	Caldwell, Ida	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Georgia	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer

Boise Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-23 1919

L P Forman
Registrar

Registrar

1416

JUL 8 1955

HELEN B. ROSS, R.N.
ADMINISTRATOR

TELEPHONE 3-3661

St. Luke's Hospital

AND

SCHOOL OF NURSING

BOISE, IDAHO

July 7, 1955

TO WHOM IT MAY CONCERN:

According to the records of this hospital Baby Boy Armstrong was born at 9:25 AM October 7, 1919 and was dismissed from this hospital on October 19, 1919.

Minnie M. Nelson
Minnie M. Nelson
Medical Records Librarian

Florence M. Gerard
Notary Public

Mailed to : State Health Department
State of Idaho
Attention Mr. W. W. Benson

253-119-001-796

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73593

County of Ada

City of Boise

No. 1132 River St.

Hospital

Registration District No. 1

Primary Registration District No. 1004

File No.

Registered No. 418

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 19 1919

FATHER		MOTHER	
FULL NAME	Lores E. Beckstead	FULL MAIDEN NAME	Minnie Grosman
RESIDENCE	1132 River	RESIDENCE	1132 River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address 303 McCarty Bldg. Boise Ida

19

Filed 10-25 1919

L P Ferman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
943-221-001-249

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73594

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 419

Full Name of Child MILDRED FAYE Rutledge

SEX OF CHILD: Fe	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 10 (Month) 21 (Day) 19 19 (Year)

FATHER	MOTHER
FULL NAME: Carl Rutledge	FULL MAIDEN NAME: Fay Burns
RESIDENCE: 407 So 13th	RESIDENCE: 407 So 13th
COLOR: Wt. AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: Wt. AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Labor Lumber Yard	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T A Pettinger

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 10-23 1919

L R Thorman
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 73594

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Rutledge (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct. 21, 1919 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Mildred Faye Rutledge

Subscribed and sworn to before me this 3rd
day of February, 19 43
Anna M. Pape
Notary Public, residing at Boise, Idaho
My commission expires 10/15/46
(SEAL)

Signed Fred A. Fallenger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 1 3 1943

818-221-001-252

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73595

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 420

FULL NAME OF CHILD Elizabeth Hays

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) — 21 (Day) — 1919 (Year)

FATHER		MOTHER	
FULL NAME	James B. Hays	FULL MAIDEN NAME	L. Louise Sebree
RESIDENCE	512 Franklin St., Boise	RESIDENCE	512 Franklin St., Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9⁴⁰ a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho

Filed 10-25 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-220-001-515

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

~~City of~~ Franklin Dist

Registration District No. _____ File No. 73596

No. _____ St.

Primary Registration District No. _____ Registered No. 421

Hospital _____

FULL NAME OF CHILD Mary Elizabeth Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	Sep. 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robt L. Scott	FULL MAIDEN NAME	Mabel Vance
RESIDENCE	Boise ~~Kansas~~ Kansas	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Montana
OCCUPATION	mail carrier	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:50 P.M. on the date above stated.

(Signature) H M Holverson

M D (Physician or midwife)

Address _____

Filed 10-25 1919 L A Freeman Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1962

FEB 2 1943

255-216-001-361

PLACE OF BIRTH

County of Ada

City of Boise

No. Name added 7/24/81 St.

Hospital St. Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18

73597

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 422

Full Name of Child Betty Louise See

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Oct. 16, 19

FATHER

FULL NAME Earl See

RESIDENCE 1107-N-16

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Iowa

OCCUPATION Mining Man

MOTHER

FULL MAIDEN NAME Bertha Coats

RESIDENCE 1107-N-16.

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4.30 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10-25 1919 L. C. Gorman

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1981

5-29-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAY 12 2 54 PM '81

State of Oregon
County of Multnomah } ss.

Certificate No. 73597
Date Filed
birth

The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed See (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-16-19 (Date of Event)
in Boise (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Betty Louise See

Subscribed and sworn to before me this 8th day of June, 19 81.
Notary Public, for Oregon Daisy Richards
Residing at Portland, Oregon
My commission expires October 28, 1984
(Seal)

Betty Louise See
Signature of Applicant
3803 S.E. 27 Ave Portland, Ore.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June, 19 81.
Notary Public, Daisy Richards
Residing at Portland, Oregon
My commission expires October 28, 1984
(Seal)

Judy R Schmidt
Supporting Signature
3757 S. E. Hawthorne Blvd., Portland, Oregon
Street Address, City, State

1 cc pd

Certificate of Baptism gives name as Betty Louise See, child of Carl See and Bertha Coats, born October 16, 1919, Boise, Idaho. Baptized Meridian, Idaho, by Pastor Charles Quinn. March 27, 1929.
Viewed by V.S.

Prudential Insurance Company of America gives name as Betty Louise See Zapp born O October 16, 1919, Boise, Idaho. Policy # B57 028 054, issued Sept. 19, 1963.
Viewed by V.S.

145-223-001-493

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1914 N 20 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 73599

Registered No. 424

FULL NAME OF CHILD MILDRED ILA AMES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Of		Yes.	Oct 23 - 1919

FATHER		MOTHER	
FULL NAME	Claude B. Ames	FULL MAIDEN NAME	Nellie V. Miller
RESIDENCE	1914 North 20-	RESIDENCE	1914 North 20th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 303 McCarty Bldg

Filed 10-27 1919

[signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 73599

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Mildred Ila Ames

Subscribed and sworn to before me this 26th day of March, 1942

Henry Hudson

Notary Public, residing at Boise, Ida

My commission expires 9/11/44

(SEAL)

Signed Nellie Miller Ames

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

512 N 12 St Boise Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

APR 13 1967

799-126-001-634

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Ada

City of Boise

No. 713-N 7th St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73600

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 425

FULL NAME OF CHILD Glenn Albert Primm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 26 1919

FATHER		MOTHER	
FULL NAME	Albert M. Primm	FULL MAIDEN NAME	Lucina Oldberg
RESIDENCE	713-N 7th St Boise	RESIDENCE	713-N 7th Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ohio	BIRTHPLACE	Oregon
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct 26th 1919 at 8 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R Numbers

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Filed 10-30 1919 L P Jerman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-127-001-29

PLACE OF BIRTH

Form V. S. No. 11-C—Mm.6-3-17

[redacted] ICS

73601

County of Ada

City of Boise Registration District No. 2 File No.

No. St. Primary Registration District No. 1004 Registered No. 526

Hospital St Alphonsus

FULL NAME OF CHILD Phippen, Daniel Kirby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	yes	10 27 1919

FATHER		MOTHER	
FULL NAME	Phippen, C Freeman	FULL MAIDEN NAME	Kirby Ann Marie
RESIDENCE	Rihfield Ida	RESIDENCE	Rihfield
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Belleville Ida	BIRTHPLACE	Rica Colo
OCCUPATION	Stockman	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V Genoway

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Boise

19

Filed 10-31 1919 L P Pierman

Registrar

Registrar

MARGIN RESERVED FOR [illegible]DING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

73601

1942

CERTIFICATE OF BIRTH

JAN 13 1948

County of .....

City of ..

No. .....

Amended

236-217-[illegible]-815

PLACE OF BIRTH

County of Ada

y of Boise

St.

il

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73602

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 67

NAME OF CHILD Norma Delana Stoddard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William R Stoddard	FULL MAIDEN NAME	Estella Hansen
RESIDENCE	So Boise	RESIDENCE	So Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Cooper Utah	BIRTHPLACE	Shedly Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5-30 P.M. on the date above stated.

(Signature) Geo. H. Handy

(Physician or midwife)

Address 916 State St Boise Id.

Filed 10/14 1919 [illegible] Ferman

Registrar

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

8-Y-CO 38071

FEB 5 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 124-020-693

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73603

County of Elmore

City of Grand View

No. — St.

Hospital

Registration District No. 34

File No.

Primary Registration District No. 2026

Registered No. 31

FULL NAME OF CHILD GILES G. ZIEGLER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	yes	Sept. ~~26th~~ 24th 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Giles ~~Ziegler~~ ZIEGLER	FULL MAIDEN NAME	Lulu Wilcoxsen
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Rancher	OCCUPATION	Hwife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 15 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Mountain Home

Filed 9/26 1919 B. W. Mather

Registrar

Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of West Virginia }
County of Boone } ss.

Certificate No. 73603

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Giles Garfield Ziegler, Jr. (Name on Original Certificate) who born (Was Born or Died) on September 24, 1919 (Date of Event)
in Ada Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother's and father's affidavit (Bible Record, Insurance Policy, Etc.) prepared on March 16, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Giles G. Ziegler
Surname	Zeigler	Ziegler

Subscribed and sworn to before me this 16th
day of March, 1943.
E.O. Riddle
Notary Public, residing at Madison, W.Va.
My commission expires April 21, 1947.
(Seal)

Signed Giles G Ziegler Jr.
Signed Lula Mitchem Ziegler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Wharton, W. Va.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 23 1943

MAR 2 4 1943

527-103-024-132 [redacted] Family surname amended 02-21-06

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73607

County of Gooding

City of Gooding

Registration District No. 2014 File No.

No. St.

Primary Registration District No. 1014 Registered No.

Hospital

FULL NAME OF CHILD John Espitarte Aspitarte

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 3 1919

FATHER	MOTHER
FULL NAME Domingo Espitarte Aspitarte	FULL MAIDEN NAME Rafaela Alberdi
RESIDENCE Gooding Idaho	RESIDENCE Gooding Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Sheep raising	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding Ida

Filed 11-3- 1919

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VITAL STATISTICS
06 FEB 21 AM 10: 32

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss
County of _____ }

Certificate No. 19-73607
Date Filed November 3, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for John Espitarte (Name on Original Certificate) who wa born (Was Born, Died, etc.) on September 3, 1919 (Date of Event)
in Gooding (Gooding Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's surname	Espitarte	Aspitarte
Father's surname	Espitarte	Aspitarte

Subscribed and sworn to before me this 17th day of February 2006
Notary Public, Sharon L Baker
Residing at Wellton
My commission expires 2/27/2007
(Seal)

OFFICIAL SEAL
SHARON L. BAKER
NOTARY PUBLIC - State of Arizona
YUMA COUNTY
My Comm. Expires Feb. 27, 2007

John Aspitarte
Signature of Applicant
30103 Quail Dr., Wellton Az 85356
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)
(Is not necessary ☒)

State of _____ } ss
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

02-13-06

ID BIRTH CERT 12-10582 FOR JESSIE VIRGINA ASPITARTE BORN 12-23-12 IN SHOSHONE CO SHOWING FATHER'S NAME AS DOMINGO ASPITARTE VIEWED BY VS

1999 1040 A FOR JOHN H ASPITARTE VIEWED BY VS

HONARABLE DISCHAGE FOR JOHN H ASPITARTE DATED 10-15-45 VIEWED BY VS

DEATH CERT 92-2840 FOR MARY JANE STEWART WHO DIED 05-19-92 IN ELMORE CO SHOWING FATHER'S NAME AS DOMINGO ASPITARTE VIEWED BY VS

613-209-019-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73609

County of Custer

City of Challis Registration District No. 108 File No.

No. St.

Primary Registration District No. 2186 Registered No.

Hospital

FULL NAME OF CHILD Theda Evylin Falls

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			1	Yes	10/9 1919

FATHER	MOTHER
FULL NAME: Bartlett Falls	FULL MAIDEN NAME: Eva Lena Miller
RESIDENCE: Stanley, Ida.	RESIDENCE: Stanley, Ida.
COLOR: Wh.	COLOR: Wh.
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Ida.	BIRTHPLACE: Mo.
OCCUPATION: Stockman	OCCUPATION: H-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kirtley M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Challis, Idaho.

Filed Oct. 20th. 1919 C. L. Kirtley Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-115-019-437

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73610

County of Custer

City of Challis

Registration District No. 108 File No.

No. St.

Primary Registration District No. 2186 Registered No.

Hospital

FULL NAME OF CHILD Theodore Herald Blume

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			3	Yes	8/15 1919

FATHER	MOTHER
FULL NAME: Fred Blume	FULL MAIDEN NAME: Ethyl McGlothlyn
RESIDENCE: Challis, Ida.	RESIDENCE: Challis, Ida.
COLOR: Wh. AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: Wh. AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: New Mexico
OCCUPATION: Farmer	OCCUPATION: H-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

(Signature) C. L. Kirtley MD

(Physician or midwife)

Address Challis, Ida.

Filed Oct. 20th 19 C. L. Kirtley Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-230-042-236

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

[redacted]ATE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida.

Registration District No. 39

File No. 73611

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	10 (Month) 30 (Day) 1919 (Year)

	FATHER		MOTHER
FULL NAME	Wm Duncan	FULL MAIDEN NAME	Ada May Stone
RESIDENCE	Buhl Ida	RESIDENCE	Buhl, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Ill.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

..... Registrar

Filed NOV 1 1919 J. T. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STA
BUREAU C

281-229-042-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital Arcadia Rooms

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73612

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: Female

Twin, Triplet or other? Twins (To be answered only in event of plural births)

Number in order of birth: Second

Legitimate? Yes.

Date of Birth: Oct. 29 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME: William Shaddy	FULL MAIDEN NAME: Lillie Olga Crain
RESIDENCE: Buhl	RESIDENCE: Buhl.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Gore Springs. Miss.	BIRTHPLACE: Odin Miss.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 8 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed OCT 30 1919 J. H. Mansfield Registrar

281-229-042-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital Arcadia Rooms

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 73613

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: Female

Twin, Triplet or other? Twin and Number in order of birth: First

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Oct. 29 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: William Shaddy

RESIDENCE: Buhl

COLOR: W.

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Grove Springs Mo.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Lillie Alma Crain

RESIDENCE: Buhl.

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Odin Mo

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed OCT 30 1919

J. N. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73614

County of Twin Falls

City of Buhl Ida

Registration District No. 39

File No.

No. 731-127-042-753 St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Clarence Gladowski

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	A. A. Gladowski	FULL MAIDEN NAME	Pearl Petterson
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:35 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Buhl Ida

19

Registrar

Filed NOV 1 1919

[signature] Registrar

6/12/41 Z.J.

318-222-042-914

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73615

County of Twin Falls

City of Buhl Ida

Registration District No. 39

File No.

No. ..... St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Verna Blanche Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	10 22 1919

FATHER		MOTHER	
FULL NAME	V. E. Taylor	FULL MAIDEN NAME	Rose Rambo
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Buffalo, Mo.	BIRTHPLACE	Buffalo, Mo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Kellogg

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

..... Registrar

Filed NOV 1 1919 J. A. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1959

265-119-042-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida

Registration District No. 39

File No. 73616

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD HAROLD JOHN SOETERS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	10 19 1919

FATHER		MOTHER	
FULL NAME	Fred J. Soeters	FULL MAIDEN NAME	Alva Reed
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Holland	BIRTHPLACE	Mo
OCCUPATION	Flouring mill mgr	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed NOV 1 1919

J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DRAFT

OCT 23 1970

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 73616

County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for —— (Name on Original Certificate) who was born (Was Born or Died) on Oct 19, 1919 (Date of Event)

in Buhl (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on —— (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Harold John Soeters

Subscribed and sworn to before me this 21

day of February, 1942

John W Barker

Notary Public, residing at Buhl, Idaho

My commission expires 10/8/42

(Seal)

Signed Fred J Soeters

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

945-217-042-813

Form V. S. No. 11-C—25m-9-8-1

PLACE OF BIRTH

name added 3-11-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 73617

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Sybil Juanita Runkle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	Oct. 17 1919

FATHER		MOTHER	
FULL NAME	Orvis Runkle	FULL MAIDEN NAME	Anna Hall
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	Wht — AGE AT LAST BIRTHDAY 21 (Years)	COLOR	Wht — AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida.

..... 19.....

Filed NOV 1 1919

J. H. Murphy
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

*N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-4-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of CALIFORNIA
County of SACRAMENTO } ss.

Certificate No. 73617
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Runkle (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-17-19 (Date of Event)

in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Sybil Juanita Runkle

Subscribed [redacted] 19th day of FEBRUARY 1982
Notary Public [redacted]
Residing at [redacted] DR. CARMICHAEL, CA.
My commission expires [redacted]
(Seal)

x Ann H. Runkle
Signature of Applicant
8795 La Riviera Dr. Sacramento, Ca.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of SACRAMENTO } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of FEBRUARY 1982
Notary Public, [redacted]
Residing at 424[redacted] DR., CARMICHAEL, CA.
My commission expires [redacted]
(Seal)

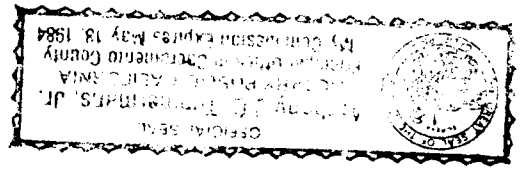
Owis W Runkle
Supporting Signature
8795 La Riviera Dr. Sacramento Ca
Street Address, City, State

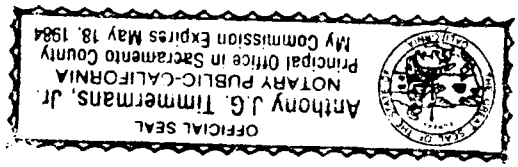
1 cc pd

Baptismal Certificate gives Sybil Juanita Runkle child of Orvis W Runkle and Ann R Hall born on 10-17-19 in Buhl was baptised on 10-18-62 in the Church of St. Mel, Fair Oaks, CA. Viewed by V.S.

MAR 11 1982

Notice of Registration of Birth from City Health Department of Sacramento California gives John Scott Husted born 11-6-48 to Richard Robert Husted and Sybil Juanita Runkle . Viewed by V.S.





994-116-042-619.

[redacted]

Child's name added 6-20-89 MCM

No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73618

County of Twin Falls

City of Buhl

Registration District No. 39

File No.

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD GEORGE F. Zimmerli

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	10 16 1919

FATHER		MOTHER	
FULL NAME	Fred L. Zimmerli	FULL MAIDEN NAME	Willie Mae Fairchilds
RESIDENCE	4 miles N. of Buhl.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Washington - U. S. A.	BIRTHPLACE	Idaho - U. S. A.
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George D. Randall M. D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl - Idaho - U. S. A.

Registrar

Filed NOV 1 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-24-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

RECEIVED
MAY 16 1989
VITAL STATISTICS UNIT

APR 27 1989
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Twin Falls } ss.

Certificate No. 73618
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Boy Zimmers (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 16, 1919 (Date of Event)
in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Zimmers	George F[redacted] Zimmers

Subscribed and sworn to before me this 26th day of April, 19 89

X Notary Public, Lois L. Bergsma
Residing at Buhl
My commission expires 3/4/93
(Seal)

X George F. Zimmers
Signature of Applicant
X Rt 3, Box 191, Buhl, Id. 83316
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Social Security ACT Health Insurance shows George F Zimmers insured Mar 1, 1978. Viewed by VS.

JUN 2

Receipt from Clear Lake Trout in Buhl, ID is signed by George F Zimmers Mar 31, 1982. Viewed by VS.

493-216-042-291

PLACE OF BIRTH

County of Twin Falls.

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO — Form V. S. No. 11-Q-Rev. 6-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73619

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Sibyl Milholland .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	10 16 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. H. Milholland	Alberta Graft.
RESIDENCE	Buhl	Buhl
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Kans.	Kans.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 1-20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D. (Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed NOV 1 1919

J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 30 1956

JUN 14 1974

389-113-042-751

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 73620

Registered No. .....

FULL NAME OF CHILD Kenneth Ray Chidester

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	10 13 1919

FATHER		MOTHER	
FULL NAME	D. C. Chidester	FULL MAIDEN NAME	Hazel Pearse
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.25a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed NOV 1 1919 19.....

J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Twin Falls. }

Certificate No. 73620

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Kenneth Ray Chidester (Name on Original Certificate) who was born (Was Born or Died) on Oct. 13, 1919 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	None given	Kenneth Ray Chidester

Subscribed and sworn to before me this 8th day of June, 1942

A. J. Simon
Notary Public, residing at

My commission expires Notary Public Residing at Buhl, Idaho
(Seal)
My commission expires November 5th, 1945

Signed x Mrs Hazel Chidester
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Buhl, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 9 1962

Amended 6-30-59

PLACE OF BIRTH

689-21-2042-5-72

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 73621

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Mary Madalyn White
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	10 - 12 - 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. P. White	FULL MAIDEN NAME	Grace Marguerite Egbert
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) J. H. Murphy

M.D.
(Physician or midwife)

Address Buhl, Ida.

Filed Nov. 1, 1919 J.H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Application to the New York Life Insurance Co., Jan. 12, 1943 gives name as Madalyn Mary White and Mother's Name as Grace Marguerite White - viewed by V.S. L.D.S. Cert. of Baptism and Confirmation, Aug. 2, 1931 gives name as Mary Madalyn White viewed by V.S. mother's name as Grace M. Egbert.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ... County of ... Another child's birth cert. on file, #224727 gives mother's name as Grace Margueritte Egbert - viewed by V.S. and Utah Marriage License, January 1, 1944 gives name as Mary Madalyn White - Certificate No. 73621 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) viewed by V.S.

for Unnamed White (Name on Original Certificate) who born (Was Born or Died) on Oct. 12, 1919 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ... (Bible Record, Insurance Policy, Etc.) prepared on ... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mary Madalyn White
Full Maiden Name of Mother	Margurete Egbert	Grace Marguerite Egbert

Subscribed and sworn to before me this 30th day of December, 19 58.

Notary Public, residing at 14555 Leffingwell Rd
My commission expires Whittier Calif
(Seal) My Commission Expires January 16, 1962

Signed Joseph Parley White
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

14634 RICHVALE DR WHITTIER Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of Dec, 1958.

Notary Public, residing at Los Angeles
My commission expires My Commission Expires August 18, 1962
(Seal)

Signed Loriella Davies
(Signature of Any Credible Person)

10473 Fircrest Road
Downey, Calif
(Street Address, City, State)

FORM DPH 55.155

CL 12-26-58. one copy pd.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73621

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	10 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. P. White	FULL MAIDEN NAME	Marguerite Egbert
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed NOV 1 1919 J. H. Murphy Registrar

Registrar

JUN 3 0 1959

763-105-042-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 73622

Primary Registration District No. 0887 Registered No. .....

FULL NAME OF CHILD Paul Potter

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 5th 191 7

FATHER		MOTHER	
FULL NAME	Ira Leslie Potter	FULL MAIDEN NAME	Elsie King
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George J. Jennings M.D.

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 1 1917

J. N. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

856-105-7042-846

STATE OF IDAHO

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73623

County of Twin Falls,

City of Buhl

No. ..... St.

Registration District No. 39

File No. .....

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Raymond Roy Probasco

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	10 5 1919

FATHER	MOTHER
FULL NAME T. A. Probasco.	FULL MAIDEN NAME Verna Huffaker
RESIDENCE Buhl.	RESIDENCE Buhl.
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mo.
OCCUPATION Trapper.	OCCUPATION Housewife.

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed NOV 1 1919 19

J. A. Murphy

Registrar

JAN 1 7 1972

STATE OF CALIFORNIA
COUNTY OF San Luis Obispo } ss.

On March 28, 1972, before me, the undersigned, a Notary Public in and for said State, personally appeared C. Fern Anderson

known to me to be the person x whose name x subscribed to the within instrument and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Signature Catherine C. Ingersoll

Catherine C. Ingersoll
Name (Typed or Printed)

CATHERINE C. INGERSOLL
NOTARY PUBLIC
SAN LUIS OBISPO COUNTY
CALIFORNIA
My commission expires November 9, 1973

(This area for official notarial seal)

Form 3001—(Individual) First American Title Company

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73623

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Probasco (male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record prepared on Nov. 14, 1947, are:
family record (Bible Record, Insurance Policy, Etc.) 1945 May 21, 1937 (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Raymond Roy Probasco

Subscribed and sworn to before me this 28th day of March, 19 72

Notary Public, residing at San Luis Obispo
My commission expires November 9, 1973
(Seal)

Signed L. C. Fern Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

140 Montalvo San Luis Obispo Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of April, 1972

B. Joyce P. Sparrow

Notary Public, residing at Roy Utah
My commission expires .....
(Seal)

Signed P. Irene Probasco
(Signature of Any Credible Person)

2903 - Jackson Ave
(Street Address, City, State)
Ogden Utah 84403

FORM DH 60-155

CL 1/17/72 nm

Family record fro Purley Orval Probasco and Verna Huffaker gives child's name as Raymond Roy Probasco born Oct. 5, 1919. Viewed by V. S.

APR 27 1972

Diploma from Buhl High School gives nameas Raymond Roy Probasco. Dated May 21, 1937. Viewed by V. S.

217-103-042-497

Form V. S. No. 11-C—25m-9-5-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 73624

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	10 3 19

FATHER		MOTHER	
FULL NAME	Joseph E. Baxter	FULL MAIDEN NAME	Edna Doe.
RESIDENCE	Buhl - Ida. 2 miles S 3 miles W	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas U.S.A.	BIRTHPLACE	Kansas - U.S.A.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George B. Kendall M. D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl - Ida.

..... 19.....

..... Registrar

Filed NOV 1 1919

J. T. Murphy Registrar

294-103-042-699

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. 3/4 mile West St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39

Primary Registration District No. 2087

File No. 73625

Registered No.

FULL NAME OF CHILD Hal Arnold Kimbrough

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roger B. Kimbrough	FULL MAIDEN NAME	Kadne Erma Orr
RESIDENCE	3/4 mile West of Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Michigan U.S.A.	BIRTHPLACE	Utah U.S.A.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George B. Randall M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Buhl Ida

19

Filed NOV 1 1919

J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 263-201-042-259

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 73626

Registered No. .....

FULL NAME OF CHILD DOROTHY KOLLMEYER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	10 1 1919

FATHER		MOTHER	
FULL NAME	Henry Kollmeyer	FULL MAIDEN NAME	Antoinette Bergfeld
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed NOV 1 1919

J. H. Murphy
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 73626
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Kollmeyer	Dorothy Kollmeyer

Subscribed and sworn to before me this 28
day of Nov, 19 41

Notary Public, residing at Buhl Ida
My commission expires June 13 1943
[SEAL]

Signed Henry Kollmeyer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. F. D. #3, Buhl, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of November 28, 19 41

Notary Public, residing at Buhl
My commission expires June 17, 1944
[SEAL]

Signed J. C. Hamilton
(Signature of any credible person other than the previous affiant.)

Buhl, Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

296-201-042-432

Amended 11-20-62 (Be sure the information is complete and accurate)

State File No. 73627

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 39

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Twin Falls	a. STATE: Idaho b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl, Idaho	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Sue	Marie	Browne

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F.	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	10 - 1 - 1919

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Ralph	E.	Browne	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
38 YEARS	Mass.	Merchant	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Stella		McKay	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
37 YEARS	Utah	3	2	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. F. McClusky

18c. ADDRESS:

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov. 1, 1919

20. REGISTRAR'S SIGNATURE: J. H. Murphy

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG-	22b. WEIGHT AT BIRTH	23. ...		

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73627

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Brown (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1919 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Sue Marie Browne
Father's Last Name	Brown	Ralph E. Browne

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 th day of ....., 19 62

.....
Notary Public, residing at Buhl Idaho
My commission expires Feb. 4, 1965
(Seal)

Signed Ralph E Browne
(Signature of Any Credible Person)

215 - 11th Ave No Buhl Ida
(Street Address, City, State)

FORM DH 60-155 10-9-62.

Own Child's Birth Cert. on file: (Idaho Birth) #48-15349 gives full maiden name of mother as Sue Marie Browne - viewed by V.S.

State of Montana, County of Ravalli, Marriage License and Certificate, No. 3860, married Dec. 13, 1928 at Hamilton, Montana gives full name of groom as John J. Coates and full name of bride as Sue Marie Browne, age 19, born at Buhl, Idaho - grooms age if given as 26, born at Carey, Idaho - viewed by V.S.

Social Security Card, #519-01-4874 gives full name as R. E. Browne, viewed by V.S.

Local Board, for the county of Twin Falls, Twin Falls, Idaho - Registration Certificate, dated Sept. 12, 1918 gives full name as Ralph Eugene Browne - registrar's name is given as J.H. Sherfey - viewed by V.S. Mr. Browne's address is given as Box 516 - ~~Twin Falls,~~ Buhl, Idaho - Twin Falls County -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 73627

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	10 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ralph E. Brown	FULL MAIDEN NAME	Stella McKay
RESIDENCE	Buhl Ida	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Utah
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed NOV 1 1919 19.....

J. H. Murphy
Registrar

Registrar

NOV 20 1962

128-107-042-253

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 73628

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Lyle Lysle Cornell Asher

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	Sixth	Yes	Sept. 7 1919

FATHER		MOTHER	
FULL NAME	Arthur Edward Asher	FULL MAIDEN NAME	Armina Bell Beck
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Clay County Mo.	BIRTHPLACE	Sullivan Co. Mo.
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe
Physician
(Physician or midwife)

Address Buhl, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed NOV 1 1919

J. A. Murphy Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Morrow } ss.

Certificate No. 73628

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for Lisle Cornell Asher (Name on Original Certificate) who was born (Was Born or Died) on Sept 7th, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lisle Cornell Asher	Lyle Cornell Asher
Birth Date	1918	1919

Subscribed and sworn to before me this 21st day of December, 1946
Robert Harwood
Notary Public, residing at Boardman Oregon
My commission expires NOTARY PUBLIC FOR OREGON
(Seal) My Commission expires Oct. 30, 1948

Signed Mina Asher (MOTHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Boardman Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Morrow } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of December, 1946
Robert Harwood
Notary Public, residing at Boardman Oregon
NOTARY PUBLIC FOR OREGON
My commission expires My Commission expires Oct. 30, 1948
(Seal)

Signed Gladys I Ward
(Signature of Any Credible Person)
Boardman Oregon
(Street Address, City, State)

JUN 5 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

181-207-019-796

OCT 18 9 AM

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

BUREAU OF VITAL STATISTICS

73629

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 76 File No. 44

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Emretta Catherine O'Hallran

Sex of Child Female.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Oct. 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	T. O'Hallran.	FULL MAIDEN NAME	Emretta Grove.
RESIDENCE	Victoria British Col.	RESIDENCE	Victoria
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Idaho
OCCUPATION	Clerk.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farrell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Idaho.

Filed Nov. 11 1919 R. Nowacki Registrar

..... Registrar

S-Y CO. 24656

MAR 25 19[illegible]

APR 30 1969

693 - 210 - 019 - 312

PLACE OF BIRTH

County of Custer

City of Stanley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 13630

Primary Registration District No. 2153 Registered No. _____

FULL NAME OF CHILD Mary Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	8 10 1919

FATHER

FULL NAME: David M. Williams

RESIDENCE: Stanley, Idaho

COLOR: Wh

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Pa

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Carrie Coats

RESIDENCE: Stanley, Idaho

COLOR: Wh

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards M.D.

(Physician or midwife)

Address Murray, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Nov. 11 19 9 R. Monroe Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 22 1971

719-105-1
019-689

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

73631

CERTIFICATE OF BIRTH

County of Custer

City of Chilly

No. ..... St.

Hospital .....

Registration District No. 76

Primary Registration District No. 2153

File No. 46

Registered No. .....

FULL NAME OF CHILD John Ira Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes	10 (Month) 5 (Day) 19 9 (Year)

FATHER

FULL NAME Solomon L. Parker

RESIDENCE Chilly, Idaho

COLOR Wh AGE AT LAST BIRTHDAY 52 (Years)

BIRTHPLACE Utah

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Lily Ann White

RESIDENCE Chilly, Idaho

COLOR Wh AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Utah

OCCUPATION Houses

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards. M.D.
(Physician or midwife)

Address Murray, Idaho

Given names added from a supplemental report.

..... 19.....

Filed Nov. 11 1919 R. Nowacki
Registrar

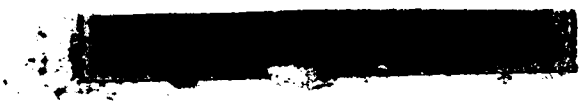
..... Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



384-116-019-396

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73632

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 76 File No. 47

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Charles W. Churchill

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Oct. (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	M. J. Churchill	FULL MAIDEN NAME	Dora Tiffany
RESIDENCE	Mackay.	RESIDENCE	Mackay.
COLOR	White. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Wisc.	BIRTHPLACE	Wisc.
OCCUPATION	Mining engineer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Farrell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Mackay Idaho.

..... 19.....

Filed Nov. 11 1919 R. Nowacki Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-726-019-236

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Custer

City of Mackay

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73633

Registration District No. 76 File No. 48

Primary Registration District No. 2153 Registered No. _____

FULL NAME OF CHILD Charles William Norquist

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 26 1919

FATHER		MOTHER	
FULL NAME	J. A. Norquist	FULL MAIDEN NAME	Theda Stoddard
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	No Dak.	BIRTHPLACE	Oregon
OCCUPATION	Printer	OCCUPATION	At Wife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M. on the date above stated.

(Signature) M. H. Samuel, M.D.

(Physician or midwife)

Address Mackay Idaho

Filed Nov. 1 1919 J. A. Monroe Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

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EC

JUN 17 1947

APR 15 1958

JUL 14 1959

395-108-019-249

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Custer

City of Mackay.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 73634

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Robt. Clark Linn.

Sex of Child: Male.	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:	Legitimate? Yes.	Date of Birth: Oct 8 (Month) (Day) 191 9 (Year)	

FATHER		MOTHER	
FULL NAME	J. Linn.	FULL MAIDEN NAME	Helena Edna Smith.
RESIDENCE	Mackay Ida.	RESIDENCE	Mackay Ida
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Minn	BIRTHPLACE	Mo.
OCCUPATION	Mining engineer.	OCCUPATION	Home Wf.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) W. H. Fowell M.D.

(Physician or midwife)

Address Mackay Ida.

Filed Nov. 11. 1919 R. Monroe Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-205-019-859

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Custer

City of Darlington

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 73635

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Mildred Terry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	Nov. 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Terry.	FULL MAIDEN NAME	Mable F Herbst.
RESIDENCE	Darlington	RESIDENCE	Darlington
COLOR	White AGE AT LAST BIRTHDAY 26 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	H Wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Farrell MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Idaho

Filed Nov. 11 1919 R. Nowacki
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942-114-038-318

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL STATIS[redacted]

C—25m-21-19

CERTIFICATE OF BIRTH

73636

County of Payette

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Loren Harry Russell.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Sept. 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Russell	FULL MAIDEN NAME	May Taylor
RESIDENCE	Fruitland Ida	RESIDENCE	Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Avery
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

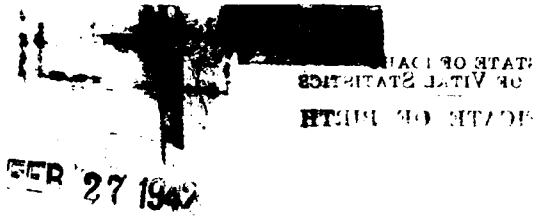
Address Payette Idaho

Filed Nov. 12 1919 C. C. Taylor
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



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614-103-011-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73637

County of Boundary

City of Bonners Ferry

Registration District No. 79

File No.

No. St.

Primary Registration District No. 215-6

Registered No.

Hospital

FULL NAME OF CHILD Geo. Raymond Wade

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes.	Oct. 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Geo. C. Wade	FULL MAIDEN NAME	Emma Glenn
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Maine	BIRTHPLACE	Minn.
OCCUPATION	Real Estate Brok	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

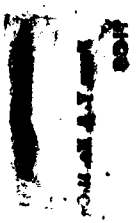
Address Bonners Ferry Ida

19

Registrar

Filed 10/5/1919 E. E. Fry Registrar

JUN 19 1941



436-105-011-895

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Naples

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73638

Registration District No. 79

File No. .....

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD Wilbur Allen Moore

Sex of Child Male

Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Oct. 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. Allen Moore	FULL MAIDEN NAME	Florence Hinthorne
RESIDENCE	Naples, Ida	RESIDENCE	Naples, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:55 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida

Filed Oct. 5 1919

E. E. Fry
Registrar

Registrar

613-110-011-465

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73639

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 215-6 Registered No.

Hospital

FULL NAME OF CHILD Gordon Houston Watters

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Oct. 10. 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Watters	FULL MAIDEN NAME	Cora Drennan
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Bonners Ferry, Ida.

19

Filed Oct. 10 1919. E. E. Fry

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1955

453-106-011-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Boundary

City of Eastport

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **73640**

Registration District No. 71 File No.

Primary Registration District No. 2156 Registered No.

FULL NAME OF CHILD Melior

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	October 6 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eneas E. Melior	FULL MAIDEN NAME	Anna Morrill
RESIDENCE	Eastport	RESIDENCE	Eastport Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Washington
OCCUPATION	Office S. I. Railway Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Faucett M. D. (Physician or midwife)

Given names added from a supplemental report.

Address Bonners Ferry Ida

19

Registrar

Filed Oct. 6 1919 E. E. Fox Registrar

964-222-011-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—Rev. 9-8-17

CERTIFICATE OF BIRTH

73641

Registration District No. 71

File No. .....

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD ..... Stephens,

Sex of Child Female | Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 22 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME James Roden

RESIDENCE Meadow Creek, Ida.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Texas

OCCUPATION Farmer & Woodsman

MOTHER

FULL MAIDEN NAME Lucile Stephens

RESIDENCE Meadow Creek, Ida.

COLOR White AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE West

OCCUPATION Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Bonners Ferry, Ida.

Filed 10/22/19 19 E. E. Fry Registrar

434-125-011-463

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Meadow Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-17

73642

CERTIFICATE OF BIRTH

Registration District No. 29

Primary Registration District No. 21

File No. .....

Registered No. .....

FULL NAME OF CHILD Donald Bruce McDougall

Sex of Child	Twin, Triplet or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	Yes.	August 25 1917

FATHER		MOTHER	
FULL NAME	Hiram Duncan McDougall	FULL MAIDEN NAME	Bessie Moton
RESIDENCE	Meadow Creek, Ida.	RESIDENCE	Meadow Creek, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Mechanic	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. a.m. 8.55 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hiram D. McDougall
Father.
(Physician or midwife)

Address Meadow Creek, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 5 1917

E. E. Fry
Registrar

MARGIN RESERVED FOR BINDING

466-125-011-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 21 File No. 73643

Primary Registration District No. 215.6 Registered No. .....

FULL NAME OF CHILD Lester William Moody

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct. 25 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Helo Moody	Clara Johnson
RESIDENCE	Port Hill, Ida.	Port Hill, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	20
BIRTHPLACE	Sweden	Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician (Physician or midwife)

Address Bonners Ferry, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 25 1919

E. E. Fry, Registrar

466-115-011-286

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Boundary

City of Port Hill

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73644

Registration District No. 29 File No. .....

Primary Registration District No. 215-6 Registered No. .....

FULL NAME OF CHILD Alvin Lester Moody

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Sept. 15 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis Moody	FULL MAIDEN NAME	Caroline Shodin
RESIDENCE	Port Hill, Ida.	RESIDENCE	Port Hill, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 4:40 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lewis Moody

Father (Physician or midwife)

Address Port Hill, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 25 1919

E. E. Fry Registrar

493-125-011-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Naples

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

73645

Registration District No. 29 File No. .....

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Clifford Francis Miller.

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anton W. Miller	FULL MAIDEN NAME	Evelyn Kelley
RESIDENCE	Newport, Wash.	RESIDENCE	Newport, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Idaho.
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.33 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida.

Filed Oct. 25 1919

E. E. Fry
Registrar

7-10-41

DECEASED

693 - 227 - 011 - 128

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73646

County of Boundary

City of Bonners Ferry Registration District No. 29 File No.

No. St. Primary Registration District No. 315-6 Registered No.

Hospital

FULL NAME OF CHILD Frances Marie Fitzpatrick

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)		—	yes	Oct. 27 1919

FATHER		MOTHER	
FULL NAME	Mike Fitzpatrick.	FULL MAIDEN NAME	Agnes Asher.
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ireland.	BIRTHPLACE	Illinois.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Filed Oct. 28 1919. E. E. Fry Registrar

MAY 1 1942

MAR 4 1976

819-125-011-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital Bonners Ferry

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 79 File No. 73647

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Gerald Turner Harding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	October 25 1919

FATHER		MOTHER	
FULL NAME	Ervin Harding	FULL MAIDEN NAME	Maisie Turner
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Lumberjack	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Fausett M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry Ida

Filed Oct. 26 1919 E. E. Fry Registrar

Registrar

APR 8 1944

983 - 109 - 003 - 386

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-(25m-7-21-19

CERTIFICATE OF BIRTH 73648

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2813

FULL NAME OF CHILD George Millward Rytting

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Sep. (Month) 9 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Charles Millward Rytting	FULL MAIDEN NAME Anna Thomason
RESIDENCE 733 So. Garfield	RESIDENCE 733 So. Garfield
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Grantsville, Utah	BIRTHPLACE Logan, Utah
OCCUPATION Carpentering	OCCUPATION Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife
(Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 18 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

No. 11-C-[illegible]

CERTIFICATE OF BIRTH

County of Bannock 219-112-003-249

City of Pocatello

No. 618 W Hayden St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 73649 52

Registered No. 2814

FULL NAME OF CHILD Vachel Zaccarhia Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 12 1919

FATHER		MOTHER	
FULL NAME	Vachel Z. Barnes	FULL MAIDEN NAME	Frances Smith
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Downey, Idaho	BIRTHPLACE	Crawford, Nebr
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 330 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho

19

Filed Oct 24, 1919 [signature] Registrar

Registrar

4/21/41 Z.J.

592-115-003-191

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 129 N. Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **73650**

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2815

FULL NAME OF CHILD George Kishimura

Sex of Child: Male

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Sept. 15 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Tanpei Kishimura

RESIDENCE: 114 So. 1st Ave

COLOR: Japanese AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Japan

OCCUPATION: Prop. Pool Hall

MOTHER

FULL MAIDEN NAME: Emi Araki

RESIDENCE: 114 So. 1st Ave.

COLOR: Japanese AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Japan

OCCUPATION: Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ann W. Bird

Midwife (Physician or midwife)

Address 905 So. Main St

Filed Oct 18 1919

Registrar

316-223-
025-256

PLACE OF BIRTH

Ida

Form V. S. No. 11-C—25m-1-1-13

73651

City of Westlake

Registration District No. 84

File No. 52

No. ..... St.

Primary Registration District No. 2141

Registered No. 2816

Hospital .....

FULL NAME OF CHILD Arbary Clair Lawrence

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 23, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William McCoy Lawrence	FULL MAIDEN NAME	Blanch Gertrude Snoudy
RESIDENCE	Westlake	RESIDENCE	Westlake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth Seven

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12.30 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Eastman

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Westlake Ida

Filed Oct 1, 1919 O B Sieg Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

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238 - 230
003 - 693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73652

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony's

Registration District No. 84

File No.

Primary Registration District No. 2161

Registered No. 2817

FULL NAME OF CHILD Margaret Elizabeth Schutt.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	Sept. 30th 1919

FATHER		MOTHER	
FULL NAME	William J. Schutt.	FULL MAIDEN NAME	Mary Williams.
RESIDENCE	Keystone Farm-South of Pocatello, Ida	RESIDENCE	Keystone Farm-South of Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Dallas, Texas.	BIRTHPLACE	Eddyville, Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Wright (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Registrar

Filed Nov. 1 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1967

231-101-003-353

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73653

County of Bannock

City of Inkom

No. ..... St.

Hospital .....

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2818

FULL NAME OF CHILD Scadden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	Single		4	yes	Oct 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Alexander Scadden	FULL MAIDEN NAME	Alice Clestie
RESIDENCE	Inkom Idaho	RESIDENCE	Inkom
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	New Zealand	BIRTHPLACE	Idaho
OCCUPATION	OS & L R.R. Section Land	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 1 1919 (Born alive or stillborn), at 7:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Miller M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello - Ida - P.O. 174

..... 19....

Filed Nov 1 1919 O B Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-102-003-849

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73654

County of Bannock

City of Pocatello

No. 727 So 10 ave St.

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2819

Hospital

FULL NAME OF CHILD Walter Fredrick Butterfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	oct 2 1919

FATHER		MOTHER	
FULL NAME	William H Butterfield	FULL MAIDEN NAME	Annie Quest
RESIDENCE	727 So 10 ave	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Oxford Idaho.	BIRTHPLACE	Stockholm Sweden
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.05 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Young

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello - Ida

19

Filed Nov 1 1919

O B Lucey
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-104-003-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 744 N. Garfield St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73655

Registration District No. 84 File No. 52

Primary Registration District No. 2161 Registered No. 2820

FULL NAME OF CHILD Robin Anderson Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct 4 1917

	FATHER	MOTHER
FULL NAME	Sidney R Phillips	Ruth Wheting
RESIDENCE	Crystal Idaho	Same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Texas	Mapleton Utah
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 4:05 a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Young

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 1 19 17

Registrar

129-206-003-651

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73656

County of Bannock

City of Pocatello

No. 845 No. Lincoln St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 52

Registered No. 2821

FULL NAME OF CHILD Eryla Akins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Oct 6 1919

FATHER		MOTHER	
FULL NAME	Earl J. Akins	FULL MAIDEN NAME	Therza Weaver
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Richfiel, Mo.	BIRTHPLACE	Dexter, Kans
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho.

19

Registrar

Filed Oct 24, 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312 - 208
003 - 577
Amended 2/24/75

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73657
Local Reg. No.
Reg. Dist. No. 84

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 557 So. Fourth

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): 557 S. Fourth St.

3. CHILD'S NAME (Type or print)
a. (First): Alice
b. (Middle):
c. (Last): Laborde

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Oct. 8, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Peter
b. (Middle):
c. (Last): Laborde

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
33 YEARS	Bayorry, France	Sheepman	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): Ellen
c. (Last): Epper

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
26 YEARS	Bayorry, France			

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. AM Newton
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Pocatello, Idaho
20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: Nov. 1, 1919
22. REGISTRAR'S SIGNATURE: P. B. Steely
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 9:15 PM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

RECEIVED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of NEVADA } ss.
County of EUREKA

Certificate No. 73657

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Ellen Laborde (Name on Original Certificate) who was born (Was Born or Died) on Oct. 8, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Mary Ellen Laborde	Alice Helen Laborde

WILLIS A. DePAOLI
Notary Public — State of Nevada
Eureka County
My Commission Expires Oct. 14, 1977

Subscribed and sworn to before me this 5 day of February, 19 77

Notary Public, residing at Nevada

My commission expires 10-14-77
(Seal)

Signed Alice Laborde
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 306, Eureka, Nevada 89316
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NEVADA } ss.
County of EUREKA

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5TH day of February, 19 77

Notary Public, residing at Eureka, Nevada

My commission expires 10-14-77
(Seal)

WILLIS A. DePAOLI
Notary Public — State of Nevada
Eureka County
My Commission Expires Oct. 14, 1977

Signed Angela Evans
(Signature of Any Credible Person)

P.O. Box 149 - Eureka, Nevada 89316
(Street Address, City, State)

FORM DH 60-155 CL 1/16/75

Certif. of Baptism from St. Anthony's Church of Pocatello, Idaho gives name as Alice Laborde child of Pierre Laborde and Marianne Epherre. born in Pocatello, Idaho on Oct. 8, 1919. Baptized Nov. 9, 1919. viewed by V. S.

Certificate of Marriage from Nevada gives nameas as Isadore Sara and Alice Laborde date Jan. 1, 1942. viewed by V. S

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73657.

County of .....

City of Pocatello Idaho Registration District No. 84 File No. 52

No. 557 So. Fourth St. Primary Registration District No. 2161 Registered No. 2822

Hospital .....

FULL NAME OF CHILD Mary Ellen Laborde.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 8 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Laborde	Mary Ellen Epper
RESIDENCE	557 So. Fourth St.	557 So. Fourth St.
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	33.	26.
BIRTHPLACE	Bayorry France.	Bayorry France
OCCUPATION	Sheepman	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dean Newton

..... (Physician or midwife)

Address Pocatello Ida

Filed Nov. 1 1917 O. B. Green Registrar

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1975

FEB 25 1975

813 - 218-003 - 219

PLACE OF BIRTH

[redacted] S. No. 11-C—25m-9-8-17

[redacted]73658

County of Bannock

City of Pocatello

No. R.F.D. #1 St.

Hospital X

Registr[redacted] 52

Primary Registration District No. 2161 Registered No. 2853

FULL NAME OF CHILD unnamed Marie Hatch

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	X	2	yes	Oct 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Everett Hatch	FULL MAIDEN NAME	Lorraine J. Barnett
RESIDENCE	R.F.D. #1 Pocatello	RESIDENCE	R.F.D. #1 Pocatello - Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Hatch, Idaho	BIRTHPLACE	Albion, Idaho
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should [redacted] stillborn child is one that [redacted] other evidence of life

[redacted] a supplemental report.

[redacted] 19

[redacted] Registrar

(Signature) [illegible] Howard M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed Nov 1 1919 O B Steeg

Registrar

MARGIN RESERVED FOR BINDING

[redacted] PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

[redacted] case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible]

[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

amended 1/10/60

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

73659

County of Bannock

City of Tyhee

349-208-003-234

No. ..... St.

Registration District No. 84

File No. 2

Primary Registration District No. 2161

Registered No. 2221

Hospital .....

FULL NAME OF CHILD Isabell Dorthy Curzon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			10	Yes	10 — 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Henry Curzon	FULL MAIDEN NAME	Grace Elizabeth Stuart
RESIDENCE	Tyhee	RESIDENCE	Tyhee
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lynn

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lynn Bros Hosp.

Filed Oct 31 1919

O B Steel

Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 12 8 41 AM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bannock } ss.

Certificate No. 73659
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Curzon (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 10, 1919 (Date of Event)
in Tyhee, Idaho (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Isabell Dorthy Curzon
child's birthdate	Oct. 10, 1919	October 8, 1919

~~Subscribed and sworn to before me this 11 day of~~
October, 1979.
Notary Public Barbara L. Delmore
Residing at Pocatello, Id
My commission expires Sept. 1981
(Seal)

Isabell Dorthy Curzon Lowe
Signature of Applicant
1055 N. Arthur Pocatello, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of
October, 1979.
Notary Public Barbara L. Delmore
Residing at Pocatello, Id
My commission expires Sept. 1981
(Seal)

Allan W. Ashton
Supporting Signature
1331 E. Elm Pocatello
Street Address, City, State

CL 9/26/79 nm

Idaho Witholding Tax Statement for 1960 gives name as Isabell D. Lowe. Social Security No. 518-46 9518. vieed by V. S.

Blessing record from the LDS Church gives name as Isabell Dorothy Lowe born Oct 8, 1919 in Tyhee, Idaho. Blessed Dec 14, 1919. Father's name as Robert Henry Curzon and mother's name as Grace Elizabeth Stuart. viewed by VS

JAN 10 1980

155-112-003-238

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 947 N. Garfield St.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73660

Registration District No. 4 File No. 23

Primary Registration District No. 41 Registered No. 2332

Hospital

FULL NAME OF CHILD Leon Henry Auerning

Sex of Child	Twin yes / ~~Triplet or other?~~ (To be answered only in event of plural births) and Number in order of birth one	Legitimate?	Date of Birth Oct 12 (Month) (Day) 191 9 (Year)
male		yes	

FATHER	MOTHER
FULL NAME Melchior Auerning	FULL MAIDEN NAME Christina Schweikert
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Austria	BIRTHPLACE Russia
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Steele

(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

Registrar

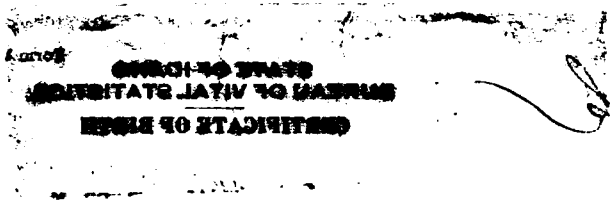
Filed Oct 20 19 19 A. P. Steele

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 18 1943

816-112-003-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73661

County of Bannock

City of Pocatello

No. 443N. Grant *St.*

Hospital ---------

Registration District No. 84 **File No.** 53

Primary Registration District No. 2161 **Registered No.** 2826

FULL NAME OF CHILD unnamed

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	----		----	yes	Aug. (Month) 12 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas. M. Hawley	FULL MAIDEN NAME	Donna McKie
RESIDENCE	443 N. Grant	RESIDENCE	443 N. Grant
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Sterling Kansas
OCCUPATION	Fireman	OCCUPATION	Hswf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19.....

Filed Nov 1 1919 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 19-340961

155-112-003-238

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73662

County of Bannock

City of Pocatello

Registration District No. 84 File No. 53

No. 949 N. Garfield St.

Primary Registration District No. 2161 Registered No. 2825

Hospital

FULL NAME OF CHILD Robert William Auerning

Sex of Child	Twin ~~Triplet or other?~~	and	Number in order of birth	Legitimate?	Date of Birth
male	yes		2	yes	Oct 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melchior Auerning	FULL MAIDEN NAME	Christina Schweikert
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Austria	BIRTHPLACE	Russia
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Oct 20 1919 O. B. Steely

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1943

437-115-003-336

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73663

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St Anthony's

Registration District No. 84 File No. 33

Primary Registration District No. 2161 Registered No. 2827

FULL NAME OF CHILD ~~John Clough~~ RICHARD MORGAN McPherson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	October 15th 1919

FATHER		MOTHER	
FULL NAME	John Alexander McPherson	FULL MAIDEN NAME	Anna Clough
RESIDENCE	Morton, Idaho.	RESIDENCE	Morton, Idaho
COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Mammoth, Utah.	BIRTHPLACE	American Falls, Idaho.
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 1, 1919 O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

DEC 3 - 1943

Certificate No. 73663

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for John Clough McPherson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 15, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L. D. S. Church record (Bible Record, Insurance Policy, Etc.) prepared on Oct. 15, 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	John Clough McPherson	Richard Morgan McPherson

Subscribed and sworn to before me this 22nd day of November, 19 43

Earl H. Cory

Notary Public, residing at Blackfoot, Idaho

My commission expires Feb. 8, 1945
(Seal)

Signed William a. Clough
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 350 Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of November, 19 43

Earl H. Cory

Notary Public, residing at Blackfoot, Idaho

My commission expires Feb. 8, 1945
(Seal)

Signed Roy Astor
(Signature of Any Credible Person Other Than Previous Year)

Blackfoot, Idaho
(Street Address, City, State)

DEC 6 1949

614-215-003-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73664

County of Bannock

City of Pocatello

No. 141 N. Garfield St.

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2828

Hospital

FULL NAME OF CHILD Julia Rae Famulener

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			1	Yes	Oct. 15 1919

FATHER	MOTHER
FULL NAME: Ray Famulener	FULL MAIDEN NAME: Ida May Woffington
RESIDENCE: 141 N. Garfield Ave.	RESIDENCE: 141 N. Garfield Ave.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Galesburg, Illinois	BIRTHPLACE: Coalville, Utah
OCCUPATION: Bookkeeper	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. A. M. Newton

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Nov 1 1919

O. B. Greeg Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20

818-218-003-294

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73665

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony's

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2829

FULL NAME OF CHILD Lanell Hays

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes.	October 18th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Franklin Benjamin Hays	FULL MAIDEN NAME	Aubrey Simpson.
RESIDENCE	1003 N. Harrison Ave. Pocatello, Ida.	RESIDENCE	1003 N. Harrison Ave. Pocatello, Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Waterloo, Iowa.	BIRTHPLACE	Basin, Idaho.
OCCUPATION	Engineer (O.S.L.)	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) W. A. Wright,
(Physician or midwife)

Address Pocatello Idaho

Filed Nov 3 1919

O. B. Steed
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1944

386-124-003-533

73667

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No.

CERTIFICATE OF BIRTH 73667

County of Bannock

City of Pocatello

No. 968 Wayne St.

Hospital

Registration District No. 84 File No. 5

Primary Registration District No. 2161 Registered No. 28

FULL NAME OF CHILD Harold Maxwell Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			10 24 1919

FATHER		MOTHER	
FULL NAME	William Eugene Thomas	FULL MAIDEN NAME	Marion May Elliott
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Payson Utah	BIRTHPLACE	Lago Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at two P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean M. Newton

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Nov 1 1919 [illegible] Registrar

Registrar

MARGIN RESERVE[illegible]NDING

WRITE PLAINLY WITH UNFADING IN[illegible] PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 195

555-225-003-913

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1543 Taft Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73668

Registration District No. 84 File No. 53

Primary Registration District No. 2101 Registered No. 2432

FULL NAME OF CHILD Gladys Minnie Evensole

Sex of Child	~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		2	yes	Oct 25 1919

	FATHER	MOTHER
FULL NAME	John Evesole	FULL MAIDEN NAME Sarah Ralston
RESIDENCE	1543 Taft ave	RESIDENCE 1543 Taft ave
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Arkansas
OCCUPATION	boiler-maker	OCCUPATION house-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lyon

Physician & Surgeon (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct 31 1919 O. V. Leedy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

MAR 5 1945

NOV 2 1945

754-226-003-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73669

County of Bannock

City of Pocatello

Registration District No. 84 File No. 53

No. 855 W. Sublett St.

Primary Registration District No. 2161 Registered No. 2833

Hospital

FULL NAME OF CHILD Marjorie Faye Gemmell

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	5	Yes	Oct 26 1919

FATHER		MOTHER	
FULL NAME	Arthur Gemmell	FULL MAIDEN NAME	Emma Frazer
RESIDENCE	855 W Sublett	RESIDENCE	855 W. Sublett
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	South Dakota
OCCUPATION	assist yard master.	OCCUPATION	house-wife.

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I W Lynn

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Oct 31 1919 O B Steel

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1941

DECEASED

416-228-003-312

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

73670

County of Bannock

Hamlet ~~City~~ of Fort Hall, Id.

Registration District No. 84 File No. 63

No. ____, ____ St.

Primary Registration District No. 2161 Registered No. 2834

Hospital ~~~~~~

FULL NAME OF CHILD Ivy Maeda

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	~~~~		~~~~	yes	Oct 28 1919

FATHER		MOTHER	
FULL NAME	Masaji Maeda	FULL MAIDEN NAME	Matsuyo Takusagawa
RESIDENCE	Fort Hall, Idaho	RESIDENCE	Fort Hall, Idaho
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Address Fort Hall, Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 1 1919

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

[redacted]

[redacted]

416-229-003-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73671

County of Bannock

City of Pocatello

No. 1730 N Main

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2835

Hospital

FULL NAME OF CHILD Evelyn Ann McDawall

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Oct 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marquis McDawall	FULL MAIDEN NAME	Lola Conquest
RESIDENCE	1730 N Main	RESIDENCE	1730 N Main
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Belait Kansas	BIRTHPLACE	Dresden Kansas
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P M. on the date

[illegible] was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Physician Dean Newton (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Nov 1 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]TH

[redacted] IDAHO
[redacted]L STATISTICS
[redacted] OF BIRTH

Form V. S. No. 11—25m-6-18-18

73672

County of Washington

City of Midvale

No. 719-120-044-693 St.

Registration District No. 87

File No.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Boyd Eugene Paradis

SEX OF CHILD male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Sept. 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene Paradiso	FULL MAIDEN NAME	Zelia Eva Wilson
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Midvale Idaho

Registrar

Filed 10/1 1919 F A Schmitz
Registrar

[redacted]

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Adams } ss.

Certificate No. 73672

Date Filed

The undersigned ~~does~~ solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Paradis (Name on Original Certificate) who born (Was Born or Died) on Sept. 20, 1919 (Date of Event) in Midvale (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Boyd Eugene Paradis

Subscribed and sworn to before me this 3rd day of March, 1964.

Roger Swanstrom

Notary Public, residing at Council, Idaho

My commission expires April 28, 1966

(Seal)

Signed Paula Paradis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Council, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Adams } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1964.

Roger Swanstrom

Notary Public, residing at Council, Idaho

My commission expires April 28, 1966

(Seal)

Signed Eugene Paradis

(Signature of Any Credible Person)

Council, Idaho

(Street Address, City, State)

FORM DPH 55.155

NN 10-18-57 nm

Family Bible Record gives child's name as Boyd Eugene born Sept. 20, 1919. Parents name as Zeula E. Wilson and Eugene Paradis. Viewed by V. S.

Complaint

JUN 10 1970

Divorce [redacted] gives name as Boyd E. Paradis and Wanda L. Paradis. File in Adams Coutny. Appears to be old. Viewed by V. S.

556-230-044-643

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Washington

City of Midvale

Amended 7/9/75 CERTIFICATE OF BIRTH 73673

Registration District No. 87 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

Full Name of Child ERMA MAY NEWMAN

SEX OF CHILD Girl	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Oct. 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lloyd M Newman	FULL MAIDEN NAME	Myrtle Walker
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White AGE AT LAST BIRTHDAY 30 (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 5 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Midvale Idaho

Registrar

Filed 11/11 1919 F. A. Schmitz Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 27 75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAY 14 10 00 AM '75

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of

Certificate No. 73673
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Irma May Newman (Name on Original Certificate) who was born (Was Born or Died) on Oct. 30, 1919 (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Irma	Emma

Subscribed and sworn to before me this 16th day of May, 1975

Notary Public, residing at Ontario, Oregon
My commission expires 9-11-77
(Seal)

Signed Jean L Baker (Husband)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3095 Laurel Dr Ontario, Oregon
(Street Address, City, State)

GLORIAN CROSBY
NOTARY PUBLIC - OREGON
My Commission Expires

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Malheur } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 1975

Notary Public, residing at Ontario, Oregon
My commission expires 9-11-77
(Seal)

Signed Lois M Duncan
(Signature of Any Credible Person)
1165 SW 1st Ave - Ontario, Oregon
(Street Address, City, State)

FORM DH 60-155

Marriage license and affidavit for marriage License gives names as Jess R. Baker and Erma Newman. dated Nov. 9, 1938. viewed by V. S.

Insurance polic from Equitable Life Ins Co gives name as Erma M. Baker. dated ~~XXXXX~~ 2 April 28, 1949. No. 12, 918, 168. vie wed by V. S.

JUL 14 1975

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

DEC 26 1941

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 73673

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Irma May Newman (Name on original certificate) who was born (Was born or died) on Oct. 30, 1919 (Date of event)

in Midvale, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Newman	Irma May Newman

Subscribed and sworn to before me this 23 day of December, 1941.

Ler H Benning

Notary Public, residing at Weiser, Idaho

My commission expires Aug. 1, 1945

[SEAL]

Signed Myrtle Newman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#3, Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 2 7 1941

MAR 1 6 1970

MAR 1 1 1975

293-230-044-895

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **73674**

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. _____

File No. _____

Registered No. _____

Full Name of Child Pauline Frances Bitebenner

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Oct 30 1919

FATHER		MOTHER	
FULL NAME	Henry Edward Bitebenner	FULL MAIDEN NAME	Pauline F Hinggeler
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Midvale Idaho

Filed 11/1/ 1919 F A Schmitz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-221-044-863

PLACE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STAT[redacted]

No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 87

File No. 73675

Primary Registration District No. _____

Registered No. _____

Full Name of Child Margaret Fuller

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH
Female		yes	Oct. 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William E Fuller	FULL MAIDEN NAME	Nellie Holton
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Telegraph operator	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Midvale Idaho

Filed 11/11/1919 F A Schmitz

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-12-41

MAR 7 1967

293-226-044-845

PLACE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **73676**

Registration District No. 87

Primary Registration District No. _____

File No. _____

Registered No. _____

Full Name of Child Kilbon

SEX OF CHILD	Twin Triplet or other?	Number in order of birth	Legitimate?	DATE OF BIRTH
Female	Twin	2	yes	Sep 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Marvin Kilbon	FULL MAIDEN NAME	Emma Hunt
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Midvale Idaho

Filed 10/11 1919 F A Schmidt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-113-044-249

PLACE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **73677**

Registration District No. 87 File No. _____

Primary Registration District No. _____ Registered No. _____

Full Name of Child Kenneth Williamson

SEX OF CHILD male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Oct. 13 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME John Thos. Williamson	FULL MAIDEN NAME Idal Bell Smith ~~Williamson~~
RESIDENCE Midvale Idaho	RESIDENCE Midvale I
COLOR White. AGE AT LAST BIRTHDAY 41 (Years)	COLOR White. AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Midvale Idaho

Registrar

Filed 11/4 1919 F. A. Schmitz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-111
009-245

PLACE OF BIR[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 709 - N. 3rd St.

Hospital

Registration District No. 8

Primary Registration District No. 2155

File No. 73678

Registered No.

FULL NAME OF CHILD Theodore Sundeen Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 11 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter August Nelson	FULL MAIDEN NAME	Anna Sundeen
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sweden.	BIRTHPLACE	Wis.
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

MD (Physician or midwife)

Given names added from a supplemental report.

11-1 1919

Address Sandpoint, Idaho

Floyd G. Wendle
Registrar

Filed Nov 14 1919

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

638-112-009-855

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73679

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 47

File No. .....

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD PHILIP Flynn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes.	Oct 12 1919

FATHER		MOTHER	
FULL NAME	John M. Flynn	FULL MAIDEN NAME	Mary Louise Henry
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	N.Y. City	BIRTHPLACE	San Antonio - Texas.
OCCUPATION	Judge - District Court.	OCCUPATION	Housewife -

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. P. Stackhouse

MD (Physician or midwife)

Given names added from a supplemental report.

11-1 1919 Address Sandpoint, Idaho

Floyd G. Wendle Registrar

Filed Nov 14 1919

FLOYD G. WENDLE Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

NOV [illegible] 19[illegible]

Certificate No. 73679
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Philip Flynn (Name on original certificate) who born (Was born or died) on Oct 12 1919 (Date of event)
in Sandpoint Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Oct 13 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Flynn	Philip Flynn

Subscribed and sworn to before me this 25th
day of November, 1941.
William B. McFarland
Notary Public, residing at Coeur d'Alene
My commission expires July 29, 1942
[SEAL]

Signed Mary Louise Flynn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1018 Front Ave Coeur d'Alene Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26
day of November, 1941.
William B. McFarland
Notary Public, residing at Coeur d'Alene
My commission expires July 29, 1942
[SEAL]

Signed Genevieve G. Braune
(Signature of any credible person other than the previous affiant.)
420 Montana Ave Coeur d'Alene Ida
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 6 1947

NOV 18 1954

168-220-009-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. #34 Milltown St.

Registration District No. 78 File No. 73680

Primary Registration District No. 2155 Registered No. A

Hospital

FULL NAME OF CHILD Lillian Geneva Johnson.

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Oct 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Johnson.	FULL MAIDEN NAME	Hilda Marie Johnson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Sweeden.	BIRTHPLACE	Sweeden.
OCCUPATION	Lumber grader -	OCCUPATION	Housewife -

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M. D. (Physician or midwife)

Given names added from a supplemental report.

11-1 1919 Address Sandpoint

Floyd Ellendt Registrar Filed Nov 14 1919 FLOYD S. WENDLE Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1976

SEP 2 4 1942

255-214-009-632

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73681

County of Bonner

City of Kootenai

Registration District No. 48 File No.

No. St.

Hospital

Primary Registration District No. 2153 Registered No.

FULL NAME OF CHILD Margaret Elizabeth Benson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Apr 14 1919

FATHER		MOTHER	
FULL NAME	Andrew Benson	FULL MAIDEN NAME	Emma Olson
RESIDENCE	Kootenai, Ida	RESIDENCE	Kootenai Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present births 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

~~I hereby certify that I attended the birth of this child~~, who was born Alive, at 1 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Informant

By (Signature) Emma Benson

~~(Physician or midwife)~~

Given names added from a supplemental report.

11-1 1919

Address

Floyd G. Wendle
Registrar

Filed Nov 14 1919

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 73681
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Margarette Benson (Name on original certificate) who born (Was born or died) on April 14, 1919 (Date of event)

in Sandpoint Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptism (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Margerette Benson	Margaret Elizabeth Benson

Subscribed and sworn to before me this .....
day of ....., 19....

[signature]
Notary Public, residing at Seattle
My commission expires .....
[SEAL]

Signed Mrs Emma Benson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7533 - 9th N.H. Seattle Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JUN 2 1 2007
AUG 1 4 1975

269-121-009-553

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73682

County of Bonner

City of Sandpoint, Rural

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2133 Registered No.

Hospital

FULL NAME OF CHILD. Arthur Herman Korthals

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Oct 21 19 19

FATHER		MOTHER	
FULL NAME	Herman Korthals	FULL MAIDEN NAME	Olga Nelson
RESIDENCE	Sandpoint, Rural	RESIDENCE	Sandpoint, Rural
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wadena Co. Minn	BIRTHPLACE	Chicago Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

~~I hereby certify that I attended the birth of this child, who~~ was Born Alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herman for that
Father Informant.
(Physician or midwife)

Given names added from a supplemental report.

11-1 19 19

Address Sandpoint, Rural

Floyd G. Wendle
Registrar

Filed Oct 28 19 19

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-105-009-819

Form V. S. No. 21-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73683

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2/23 Registered No.

Hospital

FULL NAME OF CHILD Ester Ford Merrill Allen Grout

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
M.				yes	July 5 1919

FATHER		MOTHER	
FULL NAME	J. Roy Grout	FULL MAIDEN NAME	Ester Ford
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ohio Illinois	BIRTHPLACE	Central Point Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Malcom McKinnon MD

(Physician or midwife)

Given names added from a supplemental report. Nov - 1 1919

Address Sandpoint Idaho

Floyd G. Wendle
Registrar

Filed Nov 14 1919

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonner } ss.

Certificate No.
Date Filed Nov. 14, 1919

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Merrell Allen Groat (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1919 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on July 5, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Merrell Allen Groat	Merrill Allen Groat

Subscribed and sworn to before me this 27th day of May, 1953

Notary Public, residing at Sandpoint
My commission expires
(Seal)

Signed Esta Hood Groat
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1315 N. Cottage Dalen Cty.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonner } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 1953

~~Notary Public~~, residing at Sandpoint
My commission expires PROBATE JUDGE
(Seal) BONNER COUNTY, IDAHO

Signed Don K Merritt
(Signature of Any Credible Person)
1516 N. Locust
(Street Address, City, State)
Opportunity, Wash.

JUL 3 0 1973

559-125-009-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73684

County of Bonner

City of Kootenai

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2755 Registered No.

Hospital

FULL NAME OF CHILD Wayne Kendall Hart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Oct 25 1919

FATHER		MOTHER	
FULL NAME	Victor Hess	FULL MAIDEN NAME	Thelma E Brockway
RESIDENCE	Kootenai	RESIDENCE	Kootenai Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Grand Forks N.D.	BIRTHPLACE	Sioux City Iowa
OCCUPATION	R R Brakeman	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Augusta Stockman
Nurse
(Physician or midwife)

Given names added from a supplemental report.

Nov 1 19 19

Floyd G Wendle
Registrar

Address

Filed Nov 14 19 19

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-9-241-009-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73685

County of Bonner

City of Sandpoint

No. R Pacific St.

Registration District No. 78 File No.

Primary Registration District No. 2125 Registered No.

Hospital

FULL NAME OF CHILD Cora Bee Berry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov 11 1919

FATHER		MOTHER	
FULL NAME	Geo Berry	FULL MAIDEN NAME	Olive Butler
RESIDENCE	Sandpoint Rural	RESIDENCE	Sandpoint Rural
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Bristol Tenn.	BIRTHPLACE	Scott Co Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:40 P M. on the date above stated.

(Signature) Floyd G Wendle

Sandpoint, Ida

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Nov-1- 1919

Floyd G Wendle
Registrar

Address

Filed Nov 14 1919

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1943

816-111-009-279

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 614 Ella St.

Hospital

Registration District No. 78

Primary Registration District No. 2155

File No. 73686

Registered No.

FULL NAME OF CHILD Kenneth Edward Yaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. W. Yaw	FULL MAIDEN NAME	Caroline Spreaten
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	St Louis, Mo.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho

19

Registrar

Filed Nov 14 1919

FLOYD G. WENDLE

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 4 1967

349-111-009-634

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 111 N. Boyer St.

Hospital

Registration District No. 78

Primary Registration District No. 2155

File No. 73687

Registered No.

FULL NAME OF CHILD Lyle Howard Turner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Remius Turner	FULL MAIDEN NAME	Jelma Fern Older
RESIDENCE	# 111 N. Boyer Sandpoint Ida	RESIDENCE	# 111 N. Boyer - Sandpoint Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Arizona	BIRTHPLACE	Brown Valley S. Dak.
OCCUPATION	Painter & Paper Hanger.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle C.P. Staechaum M.D. ~~Sandp~~ M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho

19

Registrar

Filed Nov 14 1919

FLOYD G. WENDLE Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-215-009-951

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73688

County of Bonner

City of Sandpoint

No. 414 1/2 Church St.

Hospital Central

Registration District No. 78

Primary Registration District No. 2155

File No.

Registered No.

FULL NAME OF CHILD Fay Whitley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jesse Andrew Whitley	FULL MAIDEN NAME	Edith Agnes Ready
RESIDENCE	414 1/2 Church St.	RESIDENCE	414 1/2 Church St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Mo.
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

Mod (Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho

19

Filed Nov 14 1919

FLOYD G. WENDLE
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 6 1976

753-226-009-662

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 424 Superior St.

Hospital

Registration District No. 78

Primary Registration District No. 2155

File No. 73689

Registered No.

FULL NAME OF CHILD Irene Lois Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert Peterson	FULL MAIDEN NAME	Mamie Emily Foss
RESIDENCE	419 Michigan	RESIDENCE	419 Michigan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Wisconsin
OCCUPATION	Saw Mill Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stockhouse

M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Sandpoint Idaho

Filed Nov 14 1919

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 24 1967

MAR 3 1948

525-127-009-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73691

County of Bonner

City of Westmond

No. ..... St.

Hospital .....

Registration District No. 78

Primary Registration District No. 2155

File No. .....

Registered No. .....

FULL NAME OF CHILD Ekens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug. 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claud Daniel Ekens	FULL MAIDEN NAME	Bessie Agnes Campbelle
RESIDENCE	Westmond	RESIDENCE	Westmond
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Morton - Ida.
OCCUPATION	Rancher.	OCCUPATION	Housewife -

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

Mal (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint, Idaho

Filed Nov 14 1919

FLOYD G. WENDLE
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-127-044-849

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73692

County of Washington

City of Cambridge

Registration District No. 88

File No.

No. St.

Primary Registration District No. 2164

Registered No.

Hospital

FULL NAME OF CHILD Milton James Gibson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Oct 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marshall R Gibson	FULL MAIDEN NAME	Alma M Humphreys
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	S Dakot	BIRTHPLACE	~~Neto~~ Kan
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

M D (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Cambridge

Filed Nov 26 1919 C E Schwartz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 10 1944

693-101-044-917 name added 8-30-82

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 88

File No. 73693

No. ..... St.

Primary Registration District No. 2164

Registered No. .....

Hospital .....

FULL NAME OF CHILD Delbert Charles Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Oct 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas P Wilson	FULL MAIDEN NAME	Anna B Rakoski
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MW (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Idaho

Filed Nov 25 1919 O E Schmitz Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-30-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 73693
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wilson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 1, 1919 (Date of Event)

in Cambridge (Wash) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Delbert Charles Wilson

Subscribed and sworn to before me this 30th day of August, 1982.

Notary Public, Glenda M. Larson
Residing at Boise, Idaho
My commission expires Lifetime
(Seal)

X Delbert C Wilson
Signature of Applicant

Rte 1 Box 136A Star, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Birth Certificate for Marilyn Jean Wilson born 11-6-48 in Weiser to Delbert C Wilson and Irma A Ader. State file # 48-14057. Viewed by V.S.

AUG 30 1982

State of Idaho Dept of State Police Application gives Delbert Charles Wilson born 10-1-19 in Cambridge. Appliation dated 1-4-57. Viewed by V.S.

866 - 219 - 031 - 997

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73694

County of Lewis

City of Winchester Registration District No. 4 File No. 1

No. Ida St.

Primary Registration District No. 2127 Registered No. 17

Hospital

FULL NAME OF CHILD Freda Edith Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	Oct	19	1919

FATHER		MOTHER	
FULL NAME	Walter Albert Howard	FULL MAIDEN NAME	Blanche Amanda Zigler
RESIDENCE	Winchester Ida	RESIDENCE	Winchester Ida,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Kansas
OCCUPATION	Labor Buttermaker Trade	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1.35 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin

Physician

(Physician or midwife)

Address Winchester Ida

Given names added from a supplemental report.

19

Registrar

Filed Nov 10 1919 J. E. McLaughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
BUREAU OF
CERTIFIC
No.

DEC 16 1942

622-214-031-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73695

County of Lewis

City of near Winchester Ida

Registration District No. 4 File No. 1

No. on Farm St.

Primary Registration District No. 2127 Registered No. 1

Hospital

FULL NAME OF CHILD Florence Irene Osborne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 14th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Crittenden Osborne	FULL MAIDEN NAME	Sarah Burke
RESIDENCE	Winchester Ida	RESIDENCE	Winchester Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Winchester Ida

19

Filed Nov 10 1919 J. E. McLaughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 6 1973

619-222-031-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73696

County of Lewis

City of Winchester Ida

Registration District No. 48 File No. 1

No. Farm St.

Primary Registration District No. 2127 Registered No. 19

Hospital

FULL NAME OF CHILD Leona Louise Warren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Earl Warren	FULL MAIDEN NAME	Lydia Ellen Hartwig
RESIDENCE	Winchester Ida	RESIDENCE	Winchester Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.20 A. M. on the date above stated.

Elizabeth A. Waite
nurse
[redacted] J. E. McLaughlin
Dr. Wachus
Dr. 20 Min Late [redacted] midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

Registrar

Address Winchester Ida

Filed Nov 10th 1919

J. E. McLaughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1942

APR 6 1943

236-226-031-231

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73697

County of Lewis

near City of Reubens Registration District No. 4 File No. 1

On Farm No. St.

Primary Registration District No. 7177 Registered No. 30

Hospital

FULL NAME OF CHILD Bernice Alice Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Oct 26 1919

	FATHER	MOTHER
FULL NAME	Robert Arthur Scott	Marion Mildred Staley
RESIDENCE	Reubens, Ida.	Reubens Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Minnesota	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Hew Laughlin

Physician

(Physician or midwife)

Address Winchester, Idaho

Filed Nov 10 1919 Hew Laughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 2

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-130-031-259

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73698

County of Lewis

City of Winchester

Registration District No. 48 File No.

No. St.

Hospital

Primary Registration District No. 2127 Registered No. 27

FULL NAME OF CHILD Jean Loretta Houghton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 30, 1919

FATHER	MOTHER
FULL NAME: William Ledd Houghton	FULL MAIDEN NAME: Edna Catherine Knight
RESIDENCE: Winchester	RESIDENCE: Winchester
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Kansas
OCCUPATION: Engineer or Fireman	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Tom Houghton
Physician
(Physician or midwife)

Address Winchester Ida

Given names added from a supplemental report.

19

Registrar

Filed Nov 10 1919 J. Tom Houghton
Registrar

634-118-031-336

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73699

County of Lewis

City of Winchester

No. Farm St.

Registration District No. 48 File No. 1

Primary Registration District No. 2127 Registered No. 16

Hospital

FULL NAME OF CHILD Edwin Marion Clovis Flory

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Cecil Edwin Flory	FULL MAIDEN NAME	Emma Eldora Clovis
RESIDENCE	Winchester, Ida.	RESIDENCE	Winchester, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Winchester, Ida.

Registrar

Filed Nov 10 1919 J. E. McLaughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-161-618-863

PLACE OF BIRTH

County of Clearwater

City of Orofino Green

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

73702

Registration District No. 90

File No. _____

Primary Registration District No. 2168

Registered No. 59

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 1 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Matt Earle	Nora Holmes
RESIDENCE	Green Ida	Green Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	51	42
BIRTHPLACE	Mo.	Kans.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:00 P. M. on the date above stated.

(Signature) Mrs. Matt Earle

(Physician or midwife)

Address Green, Ida

Filed Oct 15 1919 J. M. Fairley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-205-018-299

PLACE OF BIRTH

Form V. ~~S. No. 11-C~~ 25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73703

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90

File No. .....

Primary Registration District No. 2168

Registered No. 60

FULL NAME OF CHILD JESSIE MAE SLOAN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	Oct 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Everett Sloan	FULL MAIDEN NAME	Susie Bird
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino

Filed Nov 1 1919

J. M. Fanty
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Grays Harbor }

Certificate No. 73703

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Jessie Mae Sloan (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Oct. 5, 1919 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jessie Mae Sloan

Subscribed and sworn to before me this 25th
day of Aug. 1942

Notary Public, residing at Aberdeen.

My commission expires Nov. 6, 1943
(Seal)

Signed E N Sloan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 79, Route 2, Hoquiam, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs Frank C. Martin
(Signature of Any Credible Person Other Than Previous Year)

519 Conger St. Aberdeen, Wash
(Street Address, City, State)

AUG 27 1942

AUG 28 1942

528-215-018-234

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

[redacted]ATE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73704

County of Clearwater

City of Fraser

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No. 62

Hospital

FULL NAME OF CHILD Ruth Fern Eby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 15 1914

FATHER		MOTHER	
FULL NAME	Dallas Eby	FULL MAIDEN NAME	Cora Stuart
RESIDENCE	Fraser Ida	RESIDENCE	Fraser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nev	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Orofino Ida

Filed Oct 16 1914 J. M. Fairly Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1973

238-117-018-413

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-3-15-12

73705

PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 63

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Julius Schubach	Florence Matoon
RESIDENCE	Orofino, Ida	Orofino Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Ida	Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Daly, M.D.

(Physician or midwife)

Address Orofino, Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 18 1919 J. M. Daly Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

317-119-08-442

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 73706

No. ..... St.

Primary Registration District No. 2168 Registered No. 64

Hospital .....

FULL NAME OF CHILD Ernest Philip Cagle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 19 1919

FATHER		MOTHER	
FULL NAME	Charles M. Cagle	FULL MAIDEN NAME	Mabel M. Umscheid
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ind.	BIRTHPLACE	Ind.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino, Ida

Filed Oct 20 1919 J M Fairly
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 6 1976

SEP 6 1946

735-121-018-192

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

73707

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino Registration District No. 90 File No.

No. St. Primary Registration District No. 168 Registered No. 65

Hospital

FULL NAME OF CHILD George Edward Gleason

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 21 1919

	FATHER	MOTHER
FULL NAME	George A. Gleason	FULL MAIDEN NAME Letha May Aiken
RESIDENCE	Orofino, Ida	Orofino, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	Kans	Okla
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. M. Daily

Physician

(Physician or midwife)

Address Orofino Ida

Filed Oct 21 19 19 J. M. Daily

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1942

DEC 16 1944

795-128-018-419

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73708

County of Clearwater

City of Dent

Registration District No. 40 File No.

No. St.

Primary Registration District No. 2168 Registered No. 66

Hospital

FULL NAME OF CHILD Victor Hugo Pinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. D. Pinson	Persis A. Martin
RESIDENCE	Dent Ida	Dent Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	40
BIRTHPLACE	W. Va.	Ia.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at — M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Pinson

(Physician or midwife)

Address Dent Ida

Given names added from a supplemental report.

19

Registrar

Filed Nov 1 1919

Registrar

FEB 8 1942
FEB 8 1942

113-130-018-493

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73709

County of Clearwater

City of Gilbert Registration District No. 40 File No.

No. St. Primary Registration District No. 2168 Registered No. 67

Hospital

FULL NAME OF CHILD Earl Lee Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 30 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest A. Jackson	Grace Miller
RESIDENCE	Gilbert Ida	Gilbert Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Daily

Physician

(Physician or midwife)

Address Orofino Ida

Filed Oct 30 19 19 J. M. Daily

Registrar

Given names added from a supplemental report.

19

Registrar

8-19-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73710

County of [redacted]

City of Richfield

No. 4½ mi N.E. St.

415-210-032-357

Hospital

Registration District No. 17

File No. 1

Primary Registration District No. 2200

Registered No. 13

FULL NAME OF CHILD Margaret Pearl Davis

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hubert J. Davis	FULL MAIDEN NAME	Daisy L. Roberts
RESIDENCE	Richfield 4½ mi N.E.	RESIDENCE	Richfield 4½ mi N.E.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Pike Co. Ohio	BIRTHPLACE	Red River Co. Texas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Bloom

M. D. (Physician or midwife)

Given names added from a supplemental report.

Address Richfield Idaho

19

Registrar

Filed Nov. 10 1919 P. E. Bartlett Registrar

DEC 3 1 1942

842-208
016-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73711

County of Cassia

City of Burley

No. ✓ St.

Hospital ✓

Registration District No. 117

File No.

Primary Registration District No. 2196

Registered No. 1368

FULL NAME OF CHILD Mary ~~Swigart~~ Huston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug. 8 191

FATHER		MOTHER	
FULL NAME	I. A. Huston	FULL MAIDEN NAME	Mary E. Swigart
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Missouri	BIRTHPLACE	Ohio
OCCUPATION	Implement Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M. D.

P. F.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov 16 1919 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1943

381 - 204 - 016 - 805 City of birth amended 7-13-93 MCM

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of ~~Burley~~ ALBION

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73712

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1367

FULL NAME OF CHILD Frances Margaret Chatburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. 4, 1919

FATHER		MOTHER	
FULL NAME	J. B. Chatburn	FULL MAIDEN NAME	Zella A. Handy
RESIDENCE	Albion, Idaho	RESIDENCE	Albion, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Lathdrum Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. J. Story M. D. P. F.

..... (Physician or midwife)

Address .....

Filed Nov. 16, 1919 Dr. J. C. Patterson Registrar

OCT 3 1967

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

7-13-93

RECEIVED
JUL 1 5 1993

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE

COOPERATIVE CENTER FOR HEALTH STATISTICS
VITAL STATISTICS UNIT

State of Idaho
County of Ada } ss.

Certificate No. 73712
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for Frances Margaret Chatburn (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 4, 1919 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
City of birth	Burley	Albion

Subscribed and sworn to before me this 13 day of July, 1993.

Notary Public, Melanie Metzger

Residing at Boise, ID

My commission expires 2-22-95

(Seal)

Frances Chatburn Reed
Signature of Applicant

3/C 85 Box 221 Grand View, Id 83624
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ID birth certificate shows Zella Jean Field born Dec 24, 1943 in Idaho Falls to Oscar Bradshaw Field and Frances Margaret Chatburn born in Albion, ID, state file #383759. Viewed by VS MCM.

JUL 1 3 1993

ID birth certificate shows William Oscar Field born July 13, 1942 in Idaho Falls to Oscar Bradshaw Field and Frances Margeret Chatburn born in Albion, ID, state file #354247. Viewed by VS MCM.

993-202-016-291

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73713

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1850

FULL NAME OF CHILD Melba K. Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 2 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. R. Richardson	Selvina Bradshaw
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Idaho	Utah.
OCCUPATION	Laborer	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed Oct. 12 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 9 1944

265-101-016-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 73714

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1381

FULL NAME OF CHILD Eliot Bonham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. E. Bonham	FULL MAIDEN NAME	Mary Patterson
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida,

Filed Oct. 12 1919 Dr. J. C. Patterson
Registrar

Registrar

c.c. 6/20/41. w.h.

249-228-016-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 73715

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1282

FULL NAME OF CHILD Ferne Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Sept. 28 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Arnold E. Smith	FULL MAIDEN NAME	Ferne Meeks
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo.
OCCUPATION	Barber.	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 12 1917 Dr. J. C. Patterson Registrar

C.C. 8/4/41. [illegible]

25-9-205-016-614

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 73716

Primary Registration District No. 2176 Registered No. 1383

FULL NAME OF CHILD Beryl Adell Leigh

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct. 5th 191 4 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME M. E. Leigh	FULL MAIDEN NAME Ruth Wade
RESIDENCE Burley, Ida.	RESIDENCE Burley, Ida.
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Neb.
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 14 1912 Dr. J. C. Patterson Registrar

397-217-016-463

PLACE OF BIRTH

County of Canyon

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73717

Registration District No. 117 File No. .....

Primary Registration District No. 2176 Registered No. 1364

FULL NAME OF CHILD Martha Maria Lippert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Sept 17 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gottlieb Lippert	Carolina Dockler
RESIDENCE	Canyon Co	Canyon Co
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Russia	Russia
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiel M.D.

(Physician or midwife)

Address American Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 3 1917 Wm. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 15 1961

465-103-016-819

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73718

County of Cassia

City of .....

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1385

FULL NAME OF CHILD Zach Rex Monroe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	Yes	Sept 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Adison C Monroe	FULL MAIDEN NAME	Ethel Hartley
RESIDENCE	Cassia Co	RESIDENCE	Cassia Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiel MSD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Amx. Falls Ida

Filed Nov 3 1919 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1952

693-221-016-314

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73719

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1386

FULL NAME OF CHILD Jennie Annetta Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	10 21 1919

FATHER		MOTHER	
FULL NAME	Aaron W Wilson	FULL MAIDEN NAME	Mary Olive Campbell
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mexico	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Domestic

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Carter

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley

Filed Nov. 16 1919 Dr. J. C. Patterson Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Seminaries Certificate of Graduation, May 23, 1937 gives full name as Jennie Annetta Wilson - viewed by V.S. State of Idaho, County of Cassia Marriage License and Marriage Certificate, married Sept. 23, 1939 at Burley, Idaho gives full name of groom as Reese LaMoyle Feltman and full name of bride as Jennie Annetta Wilson - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 22 1964
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 73719

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Wilson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1919 (Date of Event) in Emmerson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jennie Annetta Wilson

Subscribed and sworn to before me this 10th day of April, 1964

[signature]

Notary Public, residing at Lava Hot Springs, Ida.

My commission expires March 1, 1966

(Seal)

Signed X Aaron W. Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 26 Lava Hot Springs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of April 1964

[signature]

Notary Public, residing at Seattle, Wash

My commission expires 12/24/66

(Seal)

Signed Wanda [illegible]
(Signature of Any Credible Person)

2603 S. 208th, Seattle, Washington

(Street Address, City, State)

FORM DH 60-155 CL 3-17-64. nm

JUN 1 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-126-016-395

PLACE OF BIRTH

Form V. S. No. 11-C—2m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73720

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1387

FULL NAME OF CHILD Donald George Loring

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	10 26 1919

FATHER		MOTHER	
FULL NAME	Geo Loring	FULL MAIDEN NAME	Ada ~~Jones~~ Treer
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ill	BIRTHPLACE	Col.
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley

Filed Nov 10 1919 Dr. J. C. Patterson Registrar

APR 23 1970

415-228-016-316

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

73721

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1388

FULL NAME OF CHILD Baby Davis

Sex of Child Girl

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Seymour L Davis	FULL MAIDEN NAME	Alice J Laws
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farming	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T H Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley

Filed Nov 10 1919

Dr. J. C. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-120-016-713

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **73722**

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1389

FULL NAME OF CHILD Antonio Lopez

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Abram Lopez	FULL MAIDEN NAME	Jesus Galvan
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

PD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley

Filed Nov 10 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-117-016-313

PLACE OF BIRTH

amend childs name
fathers last name
& day of birth
1-31-85 dl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

County of Cassia

City of Burley

Registration District No. 117

File No. 73723

No. ..... St.

Primary Registration District No. 2196

Registered No. 1390

Hospital .....

FULL NAME OF CHILD Baby Meacham Golden Littlefield Meacham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 ~~16~~ 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. L. ~~Meacham~~ Meacham	FULL MAIDEN NAME	Edna Talbot
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Culler

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley

Filed Nov. 10 1919 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-18-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JAN 31 1985
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 73723
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Mecham (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 16, 1919 (Date of Event)
in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Mecham	Golden Littlefield Meacham
fathers last name	Mecham	Meacham
date of birth	Oct 16, 1919	Oct 17, 1919

Subscribed and sworn to before me this 29 day of January, 1985.
Notary Public, J Shirley Rice
Residing at St Anthony, Idaho
My commission expires Life
(Seal)

x Kenneth A. Meacham
Signature of Applicant
x P.O. Box 4 Menan, Ida. 83434
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

JAN 31 1985

Certificate of Baptism from LDS Church gives Golden Littlefield Meacham son of Samuel L Meacham and Edna Talbot born Oct 17, 1919 at Burley was baptised Aug 17, 1929. Viewed by V.S.

Certificate of Ordination from LDS Church lsits Golden LIttlefield Meacham was ordained a Priest on June 13, 1937. Birth date is listed as Oct 17, 1919, fathers name listed as Samuel Littlefield Meacham. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

114-102-016-619

Amended 1/25/74

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73724

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1370

FULL NAME OF CHILD Robert Harold Jamison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Oct 2 19 19

FATHER	MOTHER
FULL NAME W. C. Jamison	FULL MAIDEN NAME Susie Fairchilds
RESIDENCE Burley	RESIDENCE
COLOR	AGE AT LAST BIRTHDAY 31 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boy alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler MD

(Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 12 1919 Dr. J. C. Patterson Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BINGHAM } ss. JAN 25 1 20 PM '74

Certificate No. 73724

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~ (Birth or Death)
for Baby Jamison (male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 3, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Group Sheet (Bible Record, Insurance Policy, Etc.) prepared on January 22, 1974 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Robert Harold Jamison
date of birth	Oct. 3, 1919	Oct. 2, 1919

Subscribed and sworn to before me this 23rd day of January 19 74

Notary Public, residing at Shelley, Idaho
My commission expires November 20, 1977
(Seal)

Signed Wallace Crumpton Jamison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

146 Short Ave., Shelley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 25th day of January 19 74

Notary Public, residing at Rexburg Idaho
My commission expires 7-9-76
(Seal)

Signed Pearl Johnston
(Signature of Any Credible Person)

1221 Sage Ave Idaho Falls Ida
(Street Address, City, State)

FORM DH 60-155 CL 1/16/74 nm Rush!!

Church Record LDS Church Entered on Record March 26, 1933 gives name as Robert Harold Jamison born Oct. 2, 1919 at Burley, Idaho.
Viewed by VS

JAN 25 1974

Family Record , by family Robert Harold Jamison born Oct.2, 1919 at Burley, Idaho father Wallace Crawford Jamison, mother Susie Alameda Fairchild.
Viewed by VS

235-109-016-331

Form V. S. No. 11-C—Rev. 9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117 File No. 73725

No. ..... St.

Primary Registration District No. 2196 Registered No. 1371

Hospital .....

FULL NAME OF CHILD Baby Stephens Kenneth Dean Stephens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. G. Stephens	FULL MAIDEN NAME	Myrtle Clark
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ogden Ut.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

..... Registrar

Filed Oct. 12 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache }

Certificate No. 73725

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Stephens (Name on Original Certificate) who (Was Born or Died) on 9 Oct 1919 (Date of Event)
in Burley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Oct 20 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Kenneth Dean
Kenneth Dean Stephens		

Subscribed and sworn to before me this 2
day of May, 1964

Notary Public, residing at Logan Utah

My commission expires 10 May 1965
(Seal)

Signed H. G. Stephens father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

495 East Center Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2
day of May, 1964

Notary Public, residing at Logan Utah

My commission expires 10 May 1965
(Seal)

Signed Edward A. Ferguson
(Signature of Any Credible Person Other Than Previous Year)

678 N. 3rd E. Logan, Utah
(Street Address, City, State)

NOV 19 '08

365-127-016-914

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73726

Registration District No. 117 File No. .....

Primary Registration District No. 1174 Registered No. 1372

FULL NAME OF CHILD Charles Conyo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct. 27 1917

FATHER		MOTHER	
FULL NAME	Henry Conyo	FULL MAIDEN NAME	Helen C. Radford
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed Nov. 5 1917 Dr. J. C. Patterson

Registrar

HILD .....

Twin
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255-231-016-553

PLACE OF BIRTH name added 1/6/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

73727

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1373

Hospital .....

FULL NAME OF CHILD Glenna H. Gee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 31 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Norma Gee.	Ida Wilson
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	25
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Laborer	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.05 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. E. Patterson M.D.
(Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 5 1919

Dr. J. E. Patterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

NOV 10 1980

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 73727

State of Idaho } ss.
County of Minidoka }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Gee (Name on Original Certificate) who was born (Was Born or Died) on October 31, 1919 (Date of Event)
in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Glenna Halloween Gee

Subscribed and sworn to before me this 5 day of November, 19 80

Signed Helen Ruth Gee Hemrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Ga Mae Smith

My commission expires June 28-81 Rupert Id

(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of November, 19 80

Signed Essie Rose Wagerman
(Signature of Any Credible Person)

Ga Mae Smith

Notary Public, residing at Rupert Idaho

My commission expires June 28, 1981

(Seal)

RR2-Box 335 Rupert Idaho 83350
(Street Address, City, State)

FORM DH 60-155

12/21/78 one cc as is

Marriage Certif from Nevada gives nameas Edward Womack and Glenns H. Gee married Oct 30, 1941. viewed by V. S.

Schooi Census Marshal's Report gives name as Glenna Gee. born Oct. 31, 1920 viewed by V. S.

JAN 7 1981

759-220-016-244

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73728

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1274

FULL NAME OF CHILD Jacqueline Vivian Perry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct. 20 1919

FATHER		MOTHER	
FULL NAME	C. E. Perry	FULL MAIDEN NAME	Hazel A. Summers
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mich.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Wyo.
		OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 5, 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 2 1975

55-3-220-014-318

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

73729

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 1.1.7 File No. .....

Primary Registration District No. 2196 Registered No. 1375

FULL NAME OF CHILD NONA Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 20 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Nelson	Emma Taylor
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Blacksmith	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 5 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of: Cassia

Certificate No. 73729
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Nona Nelson (Name on original certificate) who was born (Was born or died) on October 20, 1919 (Date of event)
in Burley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on October 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Nelson	Nona Nelson

Subscribed and sworn to before me this 29
day of November, 1941
Raymond Magleby
Notary Public, residing at Burley Idaho
My commission expires Feb 17 1944
[SEAL]

Signed Edward Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
314 N. Elba Ave., Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....
.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)
.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

DEC 17 1941

815-225-016-419

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73730

Registration District No. 117 File No. .....

Primary Registration District No. 2124 Registered No. 1376

FULL NAME OF CHILD ..... Hanson .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	08.25.19

FATHER		MOTHER	
FULL NAME	C. E. Hanson	FULL MAIDEN NAME	Velma Marott
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sugar mill man	OCCUPATION	—

Number of child of this mother, including present birth ..2.. Number of children of this mother now living, including present birth ..2..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

....., 19.....

..... Registrar

Filed Nov. 5, 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-D65-558

236-110-016-843

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-27

73731

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1377

FULL NAME OF CHILD ..... Hollis Scott .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 10 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. V. Scott	Ivy Hull
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Real Estate Dealer.	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 20 1919 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1942

FEB 17 1965

389-113-016-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73732

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1378

FULL NAME OF CHILD MARTELL GUY Christian

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct. 13 1917

FATHER		MOTHER	
FULL NAME	H. J. Christian	FULL MAIDEN NAME	Mayda L. Shaffer
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19.
BIRTHPLACE	Utah	BIRTHPLACE	Canada.
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Oct 20 1917 Dr. J. C. Patterson Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 73732

~~State~~ Province of Alberta } ss.
Dominion County of Canada }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Martell Guy Christian who was born on 13th October 1919
(NAME ON ORIGINAL CERTIFICATE) (BIRTH OR DEATH) (WAS BORN OR DIED) (DATE OF EVENT)
in Burley Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by (Church record) prepared on Feb. 3, 1920., are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Martell Guy Christian

Subscribed and sworn to before me this 17th
day of December, 1942

J. H. Packer
Notary Public, residing at Raymond, Alta

My commission expires Dec 31, 1942
(SEAL)

Signed Mrs Nephi J. Christian
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Raymond, Alberta
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

~~State~~ Province of Alberta } ss.
Dominion County of Canada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of December, 1942

J. H. Packer
Notary Public, residing at Raymond, Alberta.

My commission expires Dec 31, 1942
(SEAL)

Signed J. A. Nicholson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 23 1942

764-302-016-489

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73733

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1379

FULL NAME OF CHILD ..... Geneva Poulton (Poulton)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct. 2nd 191.9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. E Poulton	Grace Parke
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Idaho.	West Virginia
OCCUPATION	Sugarmillman	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Filed Oct. 12 1919 Dr. J. C. Patterson Registrar

OCT 5 1967

962-113-016-144
name added 3-17-83

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley — No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73734

Registration District No. 117 File No. .....

Primary Registration District No. 1117 Registered No. 1369

FULL NAME OF CHILD Floyd Hubbard Robinson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct. 13 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Robinson	FULL MAIDEN NAME	Elizabeth Judd
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Phoenix, Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9.30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Story
P. J.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov. 16 1917 Dr. J. C. Patterson

Registrar

day of 1919 - 75625

2-16-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Idaho
County of Cassia } ss. MAR 15 1 45 PM '83

Certificate No. 73734
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Robinson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 13, 1919 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	~~Floyd Hubbard Robinson~~

Subscribed and sworn to before me this 7 day of March 19 83.

Notary Public, Arlene Dempsey
Residing at Rupert Idaho
My commission expires 6-22-85
(Seal)

X Floyd Hubbard Robinson
Signature of Applicant

Route 3 3634 Burley St 83318
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of March 19 83.

Notary Public, Arlene Dempsey
Residing at Rupert Idaho
My commission expires 6-22-85
(Seal)

Zina Louise Robinson Brinkerhoff
Supporting Signature

Box 157 - Downey, Idaho 83234
Street Address, City, State

lcc pd

Certificate of Blessing from LDS Church gives Floyd Hubbard Robinson born Oct 13, 1919 in View, Cassia County to Leroy Robinson and Zina Elizabeth Judd. Viewed by V.S.

MAR 17 1983

Honorable Discharge from U.S. Army gives Floyd H Robinson was discharged April 9, 1946. Viewed by V.S.

962-102-016-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11.7 File No. 73735

Primary Registration District No. 2196 Registered No. 1363

FULL NAME OF CHILD No name

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 2 1919

FATHER		MOTHER	
FULL NAME	J. L. Robertson	FULL MAIDEN NAME	Jenny Homer
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Park City, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R L Story

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Nov 16 1919 Dr. J. C. Patterson Registrar

363-230-016-282

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73736

County of Cassia

City of Burley — Registration District No. 117 — File No.

No. ..... St. — Primary Registration District No. 2196 — Registered No. 1364

Hospital

FULL NAME OF CHILD Margaret Coltrin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Sept 30 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. E. Coltrin	Jane Byhee
RESIDENCE	Burley Idaho	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	43
BIRTHPLACE	Utah	Hoopes Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R. T. Story P.F.

(Physician or midwife)

Given names added from a supplemental report.

....., 19.....

Registrar

Address .....

Filed Nov. 16 1917 — Dr. J. L. Patterson, Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 75736

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Margaret Coltrin

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

OCT 18 1944

483-128-016-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

County of Cassia

City of —

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 73737

Primary Registration District No. 2196 Registered No. 1365

FULL NAME OF CHILD Robert Willard Uhl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Aug 28 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Uhl	Margaret Morrison
RESIDENCE	Declo Idaho	Albion Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	Elgin Miss.	Collinsville Pa.
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. R. J. Story

(Physician or midwife)

Address .....

Filed Nov. 16 1917

Dr. J. C. Patterson Registrar

MAY 1 1 1944

DECEASED

818-223-016-796

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73738

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 1366

FULL NAME OF CHILD ~~No Name~~ Ruth Haycock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug 23 1919

FATHER		MOTHER	
FULL NAME	G. Harry Haycock	FULL MAIDEN NAME	Teressa Grover
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Panquitch Utah	BIRTHPLACE	Tilden, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M. D. P. F.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov. 16 1919 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-204-034-284

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of

No. St.

Hospital

Registration District No. 18

File No. 73739

Primary Registration District No. 2102

Registered No. 41

FULL NAME OF CHILD Cleone Fowles,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	Oct 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	D. C. Fowles	FULL MAIDEN NAME	Nellie Simpson
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 20 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr V. R. Killen

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Nov 10 1919 V. R. Killen

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-127-034-769

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73740

Registration District No. 18 File No. .....

Primary Registration District No. 2102 Registered No. 40

FULL NAME OF CHILD Hyrum Gardner Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Mah		yes	Aug 27 1919

FATHER		MOTHER	
FULL NAME	Joseph H Johnson	FULL MAIDEN NAME	Serena Gardner
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 a. m. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr V. R. Killeen

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 10 1919 V. R. Killeen

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-108-034-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73741

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Registration District No. 18 File No. .....

Primary Registration District No. 2102 Registered No. 38

FULL NAME OF CHILD Boyd Gilbert Siroky

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	Aug 8 1919

FATHER		MOTHER	
FULL NAME	Frank Siroky	FULL MAIDEN NAME	Elsie Fowles.
RESIDENCE	Paul.	RESIDENCE	Paul.
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 15-9 M. on the date above stated.

(Signature) V. P. Killen M.D.

(Physician or midwife)

Address .....

Filed Sept 10 1919 V. P. Killen
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

493-126-034-958

PLACE OF BIRTH

County of Minidoka

City of Rupert.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73742

Registration District No. 18 File No. .....

Primary Registration District No. 2102 Registered No. 39

FULL NAME OF CHILD Pauline Maxine Miles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Aug. 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Miles	Esther Zekalka
RESIDENCE	Rupert	Rupert
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Iowa	Neb.
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 a. M. on the date above stated.

(Signature) V. P. Killen M D.

(Physician or midwife)

Address .....

Filed Sept 10 1919 V. P. Killen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

485-226-034-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73743

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 18

Primary Registration District No. 2102

File No. _____

Registered No. 37

FULL NAME OF CHILD Arthur Louise Byrn.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				yes.	Sept 26 1919

FATHER		MOTHER	
FULL NAME	Ernest Byrn.	FULL MAIDEN NAME	Olive Barrett.
RESIDENCE	Paul.	RESIDENCE	Paul.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Colo.	BIRTHPLACE	Mont.
OCCUPATION	Farmer.	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 30 P. M. on the date above stated.

(Signature) V. P. Killam M D.

(Physician or midwife)

Address _____

Filed Oct 19 _____ V. P. Killam
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19 _____

_____
Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1944

813-214-034-367

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73744

County of

City of Heyburn

No. St.

Hospital

Registration District No. 18 File No.

Primary Registration District No. 2102 Registered No. 36

FULL NAME OF CHILD Marjorie Lavonia Hall.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Sept. 14 1919

FATHER		MOTHER	
FULL NAME	Ralph Hall.	FULL MAIDEN NAME	Olive Cox.
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	N. Dak.	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 a. M. on the date above stated.

(Signature) V. R. Killen M D

(Physician or midwife)

Address

Filed Oct. 1919 V. R. Killen

Registrar

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1942

863-102-034-437

PLACE OF BIRTH

County of Minidoka

City of Paul

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. [redacted] 18 File No. 73745

Primary Registration District No. 2102 Registered No. 35

FULL NAME OF CHILD Edward McPherson Hollenbeck.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept. 2. 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Hollenbeck.	Edna McPherson.
RESIDENCE	Rupert Ida	Rupert
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	36
BIRTHPLACE	Indiana	Neb.
OCCUPATION	Farmer.	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Tillru

Physician
(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Oct 19 19 V. R. Tillru

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1948

855-129-004-219

PLACE OF BIRTH

name added 10-6-81

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73746

Registration District No. 33 File No. 397

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Jasper La Var Henderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	10 - 29 191 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jasper Henderson	FULL MAIDEN NAME	Olive Barker
RESIDENCE	St. Charles	RESIDENCE	St. Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	St. Charles
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Paris Ida

Filed 11-10 1919 John Mattson Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-3-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
OCT 0 5 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 73746
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Henderson, (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-29-19 (Date of Event)

in St. Charles (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Jasper LaVar Henderson

Subscribed and sworn to before me this 28th day of September, 1981.

Notary Public, Mary P. Hoffman

Residing at Bountiful, Utah

My commission expires Sept. 1, 1984

(Seal)

Mary Ethel Irwin
Signature of Applicant

574 Shamrock Dr. Ogden, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of September, 1981.

Notary Public, Mary P. Hoffman

Residing at Bountiful, Utah

My commission expires Sept. 1, 1984

(Seal)

Adelia B. Scofield
Supporting Signature

325 Peach Lane Bountiful Ut.
Street Address, City, State

Cert of Baptism from LDS Church gives Jasper La Var born 10-29-19 in St. Charles, to Jasper Henderson and N. Alice Barker was baptised 6-30-28. Viewed by V.S.

DGT 6 1981

Cert of Ordination to Priesthood in LDS church gives Jasper LaVar Henderson was ordained a Deacon on 10-25-31 in Bear Lake Stake. Viewed by V.S.

747-209-004-993

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 33

File No. 413

No. _____ St.

Primary Registration District No. 2132

Registered No. 73747

Hospital _____

FULL NAME OF CHILD Leah Rich Pugmire

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	11 - 9 1919

FATHER		MOTHER	
FULL NAME	Ray Pugmire	FULL MAIDEN NAME	Elva Rich
RESIDENCE	St. Charles	RESIDENCE	St. Charles
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	St. Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Hutton

M D (Physician or midwife)

Given names added from a supplemental report.

Address Paris Idaho

_____ 19____

Filed 11-10 1919 John Mattson

Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake }

RECEIVED JUL 6 1971 Bureau of Vital Statistics

Certificate No. 73747

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of birth for Unnamed Pugmire (Name on Original Certificate) who was born (Was Born or Died) on Nov. 9, 1919 (Birth or Death) (Date of Event) in St. Charles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Blessing & Baptism Cert (Bible Record, Insurance Policy, Etc.) prepared on Jan. 4, 1920 & 5 May 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Pugmire	Leah Rich Pugmire

Subscribed and sworn to before me this 3 day of Jul, 1971

Notary Public, residing at Montpelier, Idaho

My commission expires Nov 1972

(Seal)

Signed Elva Lawson Pugmire
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

823 Monroe Montpelier, Idaho 83254
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6/16/71 nm

Certificate of Blessing from LDS Church, St. Charles Ward, Bear Lake Stake No. 232 giv
name as Leah Rich Pugmire daughter of Ray Pugmire and Elva Rich. Born Nov. 9, 1919
at St. Charles, Idao. Was Blessed Jan 4, 1920 by Wm. A. C. Kutch. Signed by John A.
Hunt, Bishop, Viewed by V. S.

[redacted] JUL 14 1971

Certificate of Baptism and Confirmation from LDS Church gives child's name as Leah [redacted]
Rich Pugmire daughter of Wm. Ray Pugmire and Elva Lauvon Rich. Born Nov. 9, 1919
at St. Charles, Idaho. Was Baptized May 5, 1928 by Rex P. Clayton. Confmd May 6, 1928
by Joseph W. Linford. Signed by Ola Transtram, Bishop. Viewed by V. S.

195-210-004-493

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73748

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

Registration District No. 33

File No. 404

Primary Registration District No. 2132

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 11 (Month) - 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert Arnell	FULL MAIDEN NAME	Mary Michelson
RESIDENCE	St. Charles	RESIDENCE	St Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Sutton

M.D.

(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report.

..... 19.....

.....

Registrar

Filed 11-10 1919 John Mattson

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

245-227-004-636

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73749

County of Bear Lake

City of St. Charles

Registration District No. 33 File No. 401

No. ..... St.

Primary Registration District No. 2192 Registered No. .....

Hospital .....

FULL NAME OF CHILD Arden Nephi Bunderson

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) - 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Nephi Bunderson	FULL MAIDEN NAME	Annie Lloyd
RESIDENCE	St Charles	RESIDENCE	St. Charles
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	St Charles	BIRTHPLACE	St. Charles
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Fullmer M.D.

(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-10 1919 John Mattson Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-227 Amended 11-19-56

PLACE OF BIRTH
004-747

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73750

County of Bear Lake

City of St. Charles

Registration District No. 33

File No. 398

No. ..... St.

Primary Registration District No. 2132

Registered No. .....

Hospital .....

FULL NAME OF CHILD MILDRED FAUN HILL

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 10 (Month) - 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William Hill	FULL MAIDEN NAME	Annie Pugmire
RESIDENCE	St. Charles	RESIDENCE	St Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	St. Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Fulton
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris Ida

Filed 11-10 1919 John Mattson
Registrar

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
NOV 19 56
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73750

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Hill (Name on Original Certificate) who was born (Was Born or Died) on October 27, 1919 (Date of Event) in St. Charles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on May 5, 1928, are: Certificate of Blessing Jan. 4, 1920 Viewed by Vital Statistics (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Mildred Faun Hill

Subscribed and sworn to before me this 16th. day of November, 1956.

Notary Public, residing at Paris, Idaho
My commission expires Oct. 1, 1958
(Seal)

Signed x Mrs. Hill's Annie E. Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Charles, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

NOV 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 12/27/78

73751

County of Bear Lake

City of St. Charles

243-207-004-7417

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Beatrice Sarah Butler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female		[redacted]	Yes	Oct 7 1929 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: David Edwin Butler	FULL MAIDEN NAME: Sarah Elizabeth Puymire
RESIDENCE: St. Charles, Idaho	RESIDENCE: St. Charles Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 12 30 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. O. Moore

Paris Idaho (Physician or midwife)

Address Paris Idaho

Filed Nov 16 1929 John Matthews Registrar

9/22/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake }

Certificate No. 73751

Date Filed

NOV 24 9 25 AM '78

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Butler (Name on Original Certificate) who was born (Was Born or Died) on 10/7/19 (Date of Event)

in St. Charles (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Butler	Beatrice Sarah Butler

Subscribed and sworn to before me this 21 day of November, 1978

Larna L. Humphreys

Notary Public, residing at Paris, Idaho

My commission expires Lifetime

(Seal)

Signed Beatrice Sarah Butler

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certif of Baptsim from the LDS Church gives name as Beatrice Sarah Butler daughter of David E. Butler and Sarah Elizabeth Pugmire. born Oct 7, 1919 at St. Charles, Idaho. Baptized Oct 20, 1927. viewedby V. S.

Certif of Blessing from the LDS Church gives name as Beatrice Sarah Butler daughter of David E. Burler and Sarah Elizabeth Pugmire. Born Oct 7, 1919 at St. Charles, Idaho. Blessed Oct 27, 1919. viewed by V. S.

DEC 27 1978

258-107-004-655

PLACE OF BIRTH

County of Bear Lake

City of St. Charles

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

73752

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 7 1919

FATHER		MOTHER	
FULL NAME	Charles Robert Beyler	FULL MAIDEN NAME	Ruth Findley
RESIDENCE	St. Charles Idaho	RESIDENCE	St. Charles Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 35 A. M. on the date above stated.

(Signature) C. O. Moore

M.D. (Physician or midwife)

Address Paris, Idaho

Filed 11-16 1919 John Mathews Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-110-044-344

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

[redacted] OF IDAHO
[redacted] TAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 88

File No. 73753

Primary Registration District No. 2164

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ira Martin	FULL MAIDEN NAME	Mable Ludwig
RESIDENCE	Indian Valley Idaho	RESIDENCE	Indian Valley Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ind
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Idaho

..... Registrar

Filed Nov 13 1919 C E Schmitz Registrar

219-108-044-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73754

County of Washington

City of Cambridge

Registration District No. 88 File No.

No. St.

Primary Registration District No. 2164 Registered No.

Hospital

FULL NAME OF CHILD JOHN MELVIN BAILLIE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	---		---	Yes	Nov. 8 1919

(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: John A. Baillie	FULL MAIDEN NAME: Gertrude Annie Smith
RESIDENCE: Demming, Idaho.	RESIDENCE: Demming, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Laramie Wyoming	BIRTHPLACE: Washington
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:45 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) [signature] M.D.

(Physician or midwife)

Address Cambridge Idaho

Filed Dec 16 1919 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified copy issued 2-4-1941. D.P.

285-212-044-445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 73755

County of Washington

City of Cambridge

No. _____ St.

Registration District No. 58

Primary Registration District No. 2164

Registered No. _____

Hospital _____

FULL NAME OF CHILD Letta Iolene Byers

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	--		--	Yes	Nov. 12, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Everett Earl Byers	FULL MAIDEN NAME: Nellie Murphy
RESIDENCE: Indian Valley, Idaho.	RESIDENCE: Indian Valley, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29. (Years)
BIRTHPLACE: Ohio..	BIRTHPLACE: Idaho.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1215 PM M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Cambridge Idaho

Filed Nov 15 19 19 C E Schantz Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1953

993-228-044-962

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 88

File No. 73756

Primary Registration District No. 2164

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 25 1919

FATHER		MOTHER	
FULL NAME	C V Richardson	FULL MAIDEN NAME	Ray E Robison
RESIDENCE	Indian Valley Idaho	RESIDENCE	Indian Valley Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Pa.
OCCUPATION	Sheepman	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that either breathes nor shows other evidence of life after birth.

(Signature) C E Schuett MD

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 1 1919 C E Schuett

Registrar

...DING
THIS IS A PERMANENT RECORD
...at birth a SEPARATE RETURN must be made for each
...mber of each, in order of birth stated.

dup of 1919-296186

not

364-229-044-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73757

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 8 8

Primary Registration District No. 2164

File No. .....

Registered No. .....

FULL NAME OF CHILD VIOLET MARIE COURTRIGHT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 29 1919

FATHER		MOTHER	
FULL NAME	Frank Courtwright	FULL MAIDEN NAME	Bunten
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo	BIRTHPLACE	Tennessee
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schmitz

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Idaho

Filed Nov 1 1919 C. E. Schmitz Registrar

..... Registrar

SEP 13 1960

799-228-038-652

PLACE OF BIRTH

County of Fayette

City of Fruitland

No. 2 mi. south St.

Hospital

[redacted] BUREAU OF VI[redacted]STICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 73758

Registration District No. File No.

Primary Registration District No. Registered No.

Full Name of Child ELINOR MARGARET Pritzle

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
female				Oct. 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mike Pritzl	Mary Weber
RESIDENCE	Fruitland	Fruitland
COLOR	w	w
AGE AT LAST BIRTHDAY (Years)	47	44
BIRTHPLACE	Austria	Austria
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Reese M.D.

(Physician or midwife)

Address Ontario - Ore

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Nov. 14, 1919 O. C. Taylor

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

Certificate No. 73758

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Elinor Margaret Pritzl (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct 25 1919 (DATE OF EVENT)
in Fruitland Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct 28 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Elinor Margaret Pritzl

Subscribed and sworn to before me this 11th day of Feby, 1943.

C. W. Johnson
Notary Public, residing at Fruitland Idaho
My commission expires Sept 1946
(SEAL)

Signed Joseph Pritzl
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of Feby, 1943.

C. W. Johnson
Notary Public, residing at Fruitland Idaho
My commission expires Sept 1946
(SEAL)

Signed E Lloyd G Jones
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Payette Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 15 1943

469-210-025-761

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Winona

No. ..... St.

Hospital .....

STATE OF [redacted] Form V. S. No. 11-C—Rev. 6-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73759

Registration District No. 105 File No. 71

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Martha Winnifred Morris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	September 9 1917

FATHER		MOTHER	
FULL NAME	James M Morris	FULL MAIDEN NAME	Etta K Pfannebecker
RESIDENCE	Winona Idaho	RESIDENCE	Winona Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Waterdale Wash.	BIRTHPLACE	Sigourney Iowa
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth six Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at [redacted] P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. James Adair

(Physician or midwife)

Address Winona Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 24 1917

Registrar

OHAGI

DEC 26 1941

866-224-025-367

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

73760

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 72

No. _____ St.

Primary Registration District No. 2183

Registered No. _____

Hospital _____

FULL NAME OF CHILD Unnamed Mary Ellen Howell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct. 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard Howell	FULL MAIDEN NAME	Bernice Loper
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kentaville Ida.	BIRTHPLACE	Melrose Idaho
OCCUPATION	Mechanic	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley Orr

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Cottonwood Idaho

Filed Nov 1st 1919

H B Blake
Registrar

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 25 19

863-106-025-145

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

73761

Registration District No. 105 File No. 73

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD ..... John William Hollandsworth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 6 1919

FATHER

FULL NAME Oren Alva Hollandsworth

RESIDENCE Ashmore Mont.

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Wash (State)

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Wilhelmina Elizth Jungert

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Wis.

OCCUPATION Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 1:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 7 1919

H B Blake Registrar

JUL 1 3 1942

437-116-025-279

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73762

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106

File No. .....

Primary Registration District No. 2184

Registered No. 38

FULL NAME OF CHILD Melvin McPherson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 16 1919

FATHER		MOTHER	
FULL NAME	Shellon McPherson	FULL MAIDEN NAME	Lina Spindler
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Weberkneers

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Kooskia - Idaho

..... 19....

Filed Oct 31 1919 J M Weberkneers

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1974

319-211-025-368

Amended Aug. 28, 1964 (Be sure the information is complete and accurate)

State File No. 73763

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Stites
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Charlotte
b. (Middle): Gwendolyn
c. (Last): Carr

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: October 11, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Frank
b. (Middle): Winfield
c. (Last): Carr

8. COLOR OR RACE: White

9. AGE (At time of this birth): 48 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Minn.

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lois
b. (Middle): Louise
c. (Last): Lohrey

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?: 5
b. How many OTHER children were born alive but are now dead?:
c. How many children were stillborn (born dead after 20 weeks pregnancy)?:

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. W. Wentworth, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Stites, Idaho

18d. DATE SIGNED: Oct 31, 1919

19. DATE REC'D BY LOCAL REG.: Oct 31, 1919

20. REGISTRAR'S SIGNATURE: J. M. Verberknors

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Franklin }

Certificate No. 73763

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Charlotte Gwendolyn Carr (Name on Original Certificate) who was born (Was Born or Died) on Oct 11, 1919 (Date of Event)
in Stites, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Place of Birth	Stites, Idaho	Clearwater, Idaho

Subscribed and sworn to before me this 19 day of
May, 1964

Notary Public, residing at Pasco
My commission expires December 10, 1964
(Seal)

Signed [signature] Carr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certified copy of own child's birth certificate, State of Washington gives mother's name as Charlotte Gwendolyn Carr born at Clearwater, Idaho. Child born Oct 27, 1938 at Pasco, Washington. viewed by V.S.

Certified copy of Marriage Return, License No. 4270, issued by Alice V. Brown, Auditor Okanogan County, Washington Aug 11, 1964. gives name as Lottie Carr place of birth as Clearwater, Idaho. Original date of Marriage return Sept 19, 1936. viewed by V.S.

Orr, Family Bible gives one child's full name as Charlotte Gwendolyn Carr, born Oct. 11, 1919, appears old and unaltered - bible copyrighted 1905 - viewed by V.S. Cert. Photo Copy of Own Child's Birth Cert., State of Washington, gives full name as Joan Charlotte Steele, born Oct. 27, 1938 at Pasco, Washington to Wayne Lillard Steele and Charlotte Gwendolyn Carr-age 19 birthplace Clearwater, Idaho ~~cert. copy issued~~ viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Franklin }

Certificate No. 6423 73763

Date Filed birth

RECEIVED MAR 13 1964 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of

for Unnamed Carr (Name on Original Certificate) who (Was Born or Died) born on Oct. 11, 1919 (Birth or Death) (Date of Event)

in Stites (Clearwater) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Charlotte Gwendolyn Carr

Subscribed and sworn to before me this 9th day of December, 19 63

Notary Public, residing at Pasco, Washington
My commission expires Dec. 10, 1964
(Seal)

Signed Mrs Lois Carr-Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2024 Road 52 North, Pasco, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of February, 19 64

Notary Public, residing at Grangeville, Idaho
My commission expires April 4, 1967
(Seal)

Signed Mrs Hazel Brumbart
(Signature of Any Credible Person)

Stites Idaho Box 95
(Street Address, City, State)

FORM DPH 55. 155

NN 10-29-57 1 copy paid

APR 1 1964

AUG 2 2 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73763

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Charlotte Gwendolyn Carr

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Winfield Carr	FULL MAIDEN NAME	Lois Louise Lohrey
RESIDENCE	Near Stites	RESIDENCE	Near Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites Idaho

Filed Oct 21 1919 J. M. Weber Lewis

Registrar

Registrar

766-102-014-456

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted] 25m-9-8-15

CERTIFICATE OF BIRTH

73764

County of

City of Kamiah

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 70

Hospital

FULL NAME OF CHILD Leland Goodell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug. 2 1919

FATHER		MOTHER	
FULL NAME	W. E. Goodell	FULL MAIDEN NAME	Jennie Dewhirst
RESIDENCE	Parma, Ida.	RESIDENCE	Parma, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Tabor, Iowa	BIRTHPLACE	Allerton, Nebraska
OCCUPATION	Principal of Schools	OCCUPATION	H.W.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Don S. Numbers, M.D.

Phys. & Surgeon.

(Physician or midwife)

Address

Filed 9-11-1919 Ruth Waldron

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1948

219-104-014-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rim-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **73765**

County of Canyon

City of Caldwell

Registration District No. 5 File No.

No. 5 mi. S. W. St.

Primary Registration District No. 2007 Registered No. 80

Hospital

FULL NAME OF CHILD Ralph Emerson Bailey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Oct 1 1917

FATHER		MOTHER	
FULL NAME	George Bailey	FULL MAIDEN NAME	Ruth Fitch
RESIDENCE	Caldwell R.F.D.	RESIDENCE	Caldwell R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Lazarus

Physician (Physician or midwife)

Address Nyssa Ore

Given names added from a supplemental report.

19

Registrar

Filed Nov 10 19 17 Registrar

238-204-014-623

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73766

County of Canyon

City of Parma

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2007 Registered No. 81

Hospital

FULL NAME OF CHILD Marie Geraldine Schmid

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Max R Schmid	FULL MAIDEN NAME	Wilhelma A. Ostenmeier
RESIDENCE	Parma Idaho	RESIDENCE	Parma Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Oct 7 1919 Lulu Waldrop

Registrar Registrar

FEB 21 1947

795-128-014-26 Idaho

PLACE OF BIRTH

[redacted] STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

73767

CERTIFICATE OF BIRTH

County of Canyon

State Registered No.

Local Registered No. 78

City of Parma No. 2 mi North St.; Ward
(If in country, state distance and direction from nearest town, or give township and range)

FULL NAME OF CHILD Robert Harry Greenway

If child is not named, make supplemental report

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	Sept 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
Full Name	Harry Greenway	Full Maiden Name	Clara Bock
Residence	Parma Ida R.F.D.	Residence	Parma Ida R.F.D.
Color or Race	W	Color or Race	W
Age at last Birthday	32 (Years)	Age at last Birthday	31 (Years)
Birthplace	Ill	Birthplace	Germany
Occupation	Rancher	Occupation	Housewife

Number of children born to this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 45 AM (Born alive or stillborn) on the date above stated.

(Signature) J J Sarazin

Phys
(Attending physician, midwife, householder)*

Address Nyssa Ore.

Filed 10/10, 1919 Lulu Waldrop
REGISTRAR

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report Nov 10, 1919

REGISTRAR

DEC 29 1972

485-131-014-36 IDAHO

PLACE OF BIRTH [redacted]

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

73768

CERTIFICATE OF BIRTH

State Registered No. ____

Local Registered No. 79

County of Canyon

City of Parma (No. 7 mi North of Parma; St.; Ward

(If in country, state distance and direction from nearest town, or give township and range)

FULL NAME OF CHILD Gerald Milton Meyers

If child is not named, make supplemental report

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	May 2 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
Full Name	Carl F. Myers	Full Maiden Name	Olive Couch
Residence	Parma R.F.D.	Residence	Parma R.F.D.
Color or Race	W	Color or Race	W
Age at last Birthday	25 (Years)	Age at last Birthday	34 (Years)
Birthplace	Iowa	Birthplace	South Dakota
Occupation	Rancher	Occupation	Housewife

Number of children born to this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

Were precautions taken against ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P.M on the date above stated.

(Signature) J. J. Sarazin

Physician

(Attending physician, midwife, householder)*

Address Nyssa, Ore.

Filed Nov 10, 1919 Julia Waldrop

REGISTRAR

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report ____, 19____

____

REGISTRAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

JAN 25 194-

State of Washington } ss.
County of Chelan }

Certificate No. 33768

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) Birth for Meyers (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 31 of May 1919 (DATE OF EVENT) in Parma Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Affidavits (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 22 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Meyers	Gerald Milton Myers

Subscribed and sworn to before me this 22nd day of January, 1942

Notary Public, residing at Dryden

My commission expires March 7th 1944

(SEAL)

Signed Carl J. Myers - Father

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

Dryden Wash.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Chelan }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of January, 1942

Notary Public, residing at Dryden

My commission expires March 7th 1944

(SEAL)

Signed J. L. Sullivan

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Dryden Wash.

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 28 1942 By

(REGISTRAR'S SIGNATURE)

1942

693-[illegible]-028-255

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73770

County of Kootenai

City of Worley

Registration District No. 46

No. ..... St.

Primary Registration District No. 2123 Registered No. 7[illegible]

Hospital .....

FULL NAME OF CHILD Annas Marie Wilemon

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Peter Wilemon	FULL MAIDEN NAME	Esther Bell Bennett
RESIDENCE	Worley, Idaho	RESIDENCE	Worley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Allen, Oklahoma	BIRTHPLACE	Stone County, Mo.
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth (2) Two. Number of children of this mother now living, including present birth (2) Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, D.C.

Accoucheur (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho

Filed Nov. 17 1919 W. L. Jaeger, Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-38 x 231-031-238

Form V. S. No. 11—25m-1-1-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73771

County of Lewis

City of Russell

No. ..... St.

Hospital .....

Registration District No. 411

File No. .....

Primary Registration District No. .....

Registered No. 2124

FULL NAME OF CHILD Marrie Shawley

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William Guy Shawley	FULL MAIDEN NAME	Katy Marie Schlader
RESIDENCE	Russell Idaho	RESIDENCE	Russell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho (Grangeville)	BIRTHPLACE	Union Town Wash
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. J. Gist

Physician Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Albert Huff Registrar

Address Nezperce Idaho

Filed Dec 1 1919 Albert Huff Registrar

S-Y CO. 24656

[redacted]

NAME CHANGE

[redacted]

dup of 1919-D75-341

Amended 5/29/73 238-204-036-238

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73772

County of Lewis

City of Russell

No. ..... St.

Hospital .....

Registration District No. 47

File No. 53

Primary Registration District No. .....

Registered No. 2129

FULL NAME OF CHILD Mildred Marie Schuch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov-4-1919

FATHER		MOTHER	
FULL NAME	Frank Joseph Schuch	FULL MAIDEN NAME	Mary Catherine Schlader
RESIDENCE	Russell Idaho	RESIDENCE	Russell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Union Town - Wash
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L Gist

(Physician or midwife)

Given names added from a supplemental report.

Address Nezperce Idaho

..... 19

Albert Huff
Registrar

Filed 11-20-1919 Albert Huff
Registrar

S-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 10 2 10 PM '73

State of ..... } ss.
County of ..... }

Certificate No. 73772

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Mildred Suchuch (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1919 (Date of Event)
in Russell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Mildred Suchuch	Mildred Marie ~~Schuch~~ Schuch
Father's last name	Suchuch	Schuch

Subscribed and sworn to before me this 8 day of May, 19 73

Carl Schmidt

Notary Public, residing at Nezperce, Idaho

My commission expires 8/27/73

(Seal)

Signed X Wilfred Schlader

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nezperce Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lewis }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of May, 19 73

Carl Schmidt

Notary Public, residing at Nezperce, Idaho

My commission expires 8/27/73

(Seal)

Signed X Lenore Schlader

(Signature of Any Credible Person)

Nezperce Idaho

(Street Address, City, State)

FORM DH 60-155 XCL 11/30/73 nm

K

The Holy Sacramento f Baptism from Church of St. Augustine gives name as Mildred Marie Schuch daughter of Frank Schuch and Mary Schlader. Born Nov. 4, 1919. Was Baptized Nov. 9, 1919. Viewed by V. S.

MAY 2 9 1973

Letter from Clerk of the District Court (also school records) of Lewis Co. gives name as Mildred Schuch and father's name listed as Frak Schuch. School Census of Oct. 7, 1926 gives her age as 7. Viewed by V. S.

243-118-031-245

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73773

County of Lewis

City of Woelmer

No. ..... St.

Hospital .....

Registration District No. 47 File No. 58

Primary Registration District No. ..... Registered No. 2124

FULL NAME OF CHILD Raymond V. Sullivan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Glenn Raymond Sullivan	FULL MAIDEN NAME	Jessie Lillian Banks
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Moscow Ida	BIRTHPLACE	Woelmer Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Gist

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Albert Huff Registrar

Address Nezperce Idaho

Filed 11-18 1919 Albert Huff Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1965

792-130-031-218

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of NezPerce

No. ____ St.

Hospital ____

Registration District No. ____ File No. 73774

Primary Registration District No. ____ Registered No. ____

Full Name of Child Don Kayler Gist

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	Oct 30 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: John F. Gist	FULL MAIDEN NAME: Ruth Kayler
RESIDENCE: Nezperce, Idaho	RESIDENCE: Nezperce, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Wisconsin
OCCUPATION: Physician	OCCUPATION: Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive 5:30 (Born alive or stillborn), at A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist M.D.

Physician (Physician or midwife)

Address Nezperce, Idaho

Filed Nov 18 19 19

Albert Hoff Registrar

Given names added from a supplemental report

____ 19____

____ Registrar

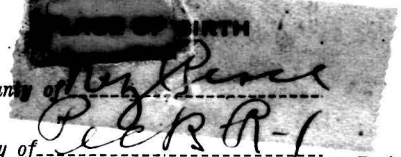
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Peck R-1

No. 366-202-035-238 St.

Registration District No. 93 File No. 73775

Primary Registration District No. 2371 Registered No.

Hospital

FULL NAME OF CHILD Evelyn Augusta Townsend

Sex of Child F	Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 10-2-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Henry Townsend	FULL MAIDEN NAME	Hattie Ella A. Schubring
RESIDENCE	Peck R-1	RESIDENCE	Peck R-1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Condon Oreg.	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Syle M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Peck Ida

19

Filed 10-2 1919 J. M. Syle

Registrar Registrar

S-Y-CO. 38071

K

[redacted] NOV 21 1947

815-207-035-189

PLACE OF BIRTH

County of Nez Perce

City of Lenore R-1

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 73777

Primary Registration District No. 2371

Registered No. _____

FULL NAME OF CHILD LOIS EDNA HANKS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		9	yes	Oct 7 1917

	FATHER	MOTHER
FULL NAME	Joseph Franklin Hanks	FULL MAIDEN NAME Ella C. Ayres
RESIDENCE	Lenore R-1	Lenore R-
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	37
BIRTHPLACE	Ky	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive - at 9:20 P. M. (Born alive or stillborn) on the date above stated.

(Signature) J. M. Hyde M.D.

(Physician or midwife)

Address Peck Idaho

Filed 10-7 1917 J. M. Hyde Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AFFIDAVIT

STATE OF IDAHO)
: SS
COUNTY OF NEZ PERCE)

ELLA E. PONTIUS, being first duly sworn on oath, deposes and says:

That she was married to Joseph Hanks in the year 1897; that in the year 1919 they were living on a ranch near Lenore, Nez Perce County, Idaho; that on the 7th day of October, 1919, a female child was born; that Dr. J. M. Lyle was the attending physician and that the child was not given a name until after her birth was registered; that thereafter she was given the name of Lois Edna Hanks; that thereafter Mr. Hanks died and affiant remarried to Fred Pontius, and that she is now living in Clarkston, Asotin County, Washington.

This affidavit is made for the purpose of correcting the Certificate of Birth heretofore registered with the Bureau of Vital Statistics of the State of Idaho.

Ella E. Pontius

Subscribed and sworn to before me this 3rd day of May, 1944.

Edward C. Barber
Notary Public in and for the
State of Idaho, residing at
Lewiston, therein.

JUN 16 1944

SEAL

863-216-031-615

PLACE OF BIRTH

County of [illegible]

City of Peck

No. ..... St.

Hospital .....

[illegible] OF IDAHO
[illegible] TAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 73778

Primary Registration District No. 2371

Registered No. .....

FULL NAME OF CHILD MARY OLIVE HOLMES

Sex of Child F	Twin Triplet or other? and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Oct. 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Theodore Andrew Holmes	FULL MAIDEN NAME	Arannuta Warlick
RESIDENCE	Steele	RESIDENCE	Steele
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kan	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Syle M.D.

(Physician or midwife)

Address Peck Ida

Given names added from a supplemental report.

..... 19....

Filed 11-8 1919

J. M. Syle

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1

STATE
BUREAU OF VI

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nezperce

Certificate No. 73778
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Mary Olive Holmes (Birth or death)
for Unnamed — Holmes (Name on original certificate) who Was born (Was born or died) on Dec. 16, 1919 (Date of event)
in Peck, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on soon after birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Holmes	Mary Olive Holmes

Subscribed and sworn to before me this 31
day of December, 19 41

Notary Public, residing at Peck, Idaho
My commission expires Dec 18, 1945
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
J. A. Holmes Parent
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on JAN 3 1942 By
(Registrar's signature)

947-[illegible]-031-251

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FORM V. SUPPL. 11-C—20m-9-8-15

County of Lewis

City of Peck

Registration District No. 93

File No. 73779

No. _____ St.

Primary Registration District No. 2371

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child F	Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 10-27-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Henry Rugy	FULL MAIDEN NAME	Reva Pearl Bratcher
RESIDENCE	Peck Ida	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Peck Idaho

_____ 19__

Filed 10-27 1919 M. Lyle

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

769-118-031-334

PLACE OF BIRTH

Amended 12/19/78

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Peck

No. ____ St.

Hospital ____

Registration District No. 93

File No. 73780

Primary Registration District No. 2371

Registered No. ____

FULL NAME OF CHILD James Warren Goin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		6	Yes	10-18-19

FATHER		MOTHER	
FULL NAME	William H. Goins	FULL MAIDEN NAME	Anna G. Clugston
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. on the date above stated.

(Born alive or stillborn)

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck Idaho

Filed 10-18 1919 J. M. Lyle

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
NOV 6 10 13 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73780

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Goin (Male) (Name on Original Certificate) who was born (Was Born or Died) on November 18, 1919 (Date of Event)
in Peck, Idaho (Lewis) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Goin	James Warren Goin

Subscribed and sworn to before me this 6th day of November 19 78

Elaine L. Garrett
Notary Public, residing at Coeur d' Alene
My commission expires Life term
(Seal)

Signed Elizabeth A. Woodruff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

909-2nd St Coeur d'Alene Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

10/30/78

Discharge from U.S. Navy gives name as James Warren Goin born on Nov 18, 1919 in Peck, Idaho. date of separation Nov 25, 1945. viewed y V. S.

DEC 19 1978

Application to Insurance co gives name as James W. Goin born Nov 18, 1919 dated Sept 23, 1954. viewed by V. S.

445-206-014-244

Form V. S. No. 11-C--25m-7-21-19

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73781

PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 3 File No. .....

Primary Registration District No. 200 5c Registered No. 211

FULL NAME OF CHILD Martha Virginia Dunagan

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank M Dunagan	FULL MAIDEN NAME	Mary F Suddrith
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Whiting Iowa	BIRTHPLACE	Whiting Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Boack M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 10-28- 1919 John T. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-129-014-883

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 3 File No. 73782

Primary Registration District No. 2005 Registered No. 210

FULL NAME OF CHILD Bates.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	F. S. Bates	FULL MAIDEN NAME	Beatrice Hyland
RESIDENCE	Wilder Ida	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Rudd Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wilder Ida

Filed 10-28-1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1974

165-221-014-863

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73783

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 109

Hospital Home

FULL NAME OF CHILD Harriet Manetta Jones

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo R Jones	FULL MAIDEN NAME	Nora Hollenbach
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Wilder Idaho

Registrar

Filed 10-28 1919 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 17 1966

DECEASED

693-219-014-764

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 73784

Primary Registration District No. 2005 Registered No. 108

FULL NAME OF CHILD Lottie Eleanor Wilson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes.	Sept 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Scott O Wilson	FULL MAIDEN NAME	Ruth Gould
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Quebec Canada	BIRTHPLACE	Cedar Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch

M D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wilder Ida

Filed 10-28 1919 John J. Meyer
Registrar

Registrar

SEP 27 1944

469-217-014-299

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 73785

No. ..... St.

Primary Registration District No. 2005 Registered No. 207

Hospital Home

FULL NAME OF CHILD Mary Camille Morrison

Sex of Child Female | Twin, Triplet or other? / (To be answered only in event of plural births) | and | Number in order of birth / | Legitimate? Yes | Date of Birth Sept 17 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Roy Morrison

RESIDENCE Wilder Ida

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Tennessee

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sidonia Sirois

RESIDENCE Wilder Ida

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Boise Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

(Signature) A B Burch M D

(Physician or midwife)

Address Wilder Ida

Filed 10-28-1919 John V. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 13785
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Mary C. Morrison (Name on original certificate) who was born (Was born or died) on Sept. 17, 1919 (Date of event)
in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	— — Morrison	Mary Camille Morrison

Subscribed and sworn to before me this 14th
day of July, 1941.
Olive M. Biggs
Notary Public, residing at Boise, Ida.
My commission expires 12/21/43
[SEAL]

Signed Roy L. Morrison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Route 1 Wilder, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of July, 1941.
Olive M. Biggs
Notary Public, residing at Boise, Ida.
My commission expires 12/21/43
[SEAL]

Signed Sidonia R. Morrison
(Signature of any credible person other than the previous affiant)
Route 1 Wilder, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

955-102-014-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 73786

No. ..... St.

Hospital Home

Primary Registration District No. 2005 Registered No. 206

FULL NAME OF CHILD William Keith Reece

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 12 19 17

FATHER		MOTHER	
FULL NAME	Paul Reece	FULL MAIDEN NAME	Ruth Jackson
RESIDENCE	Wilder,	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Newberg Oregon	BIRTHPLACE	Marshalltown Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W B Towne M.D.

(Physician or midwife)

Address Wilder Ida

Filed 10-28- 1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

489-111-014-316

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R M 6 St.

Hospital Home

Registration District No. 3 File No. 73788

Primary Registration District No. 2005 Registered No. 205

FULL NAME OF CHILD Ben Alfred Dyre

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	A. R. Dyre	FULL MAIDEN NAME	Arta Lawrence
RESIDENCE	Caldwell R 6	RESIDENCE	Caldwell R 6
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Decatur Co Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borck

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Wilder Ida

Filed 10-28- 1919 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-11-41

JUL 31 1941

693-208-014-814

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Home

Registration District No. 3 File No. 73788

Primary Registration District No. 2005 Registered No. 204

FULL NAME OF CHILD Rosa May Bell Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. M. Wilson	FULL MAIDEN NAME	Marguerite Hamilton
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Fannon Co. Ga.	BIRTHPLACE	Parma Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch

M.W.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 10-28- 1919 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 31 1984

859-219-014-854

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73789

County of Canyon

City of Caldwell

No. R. 6. St.

Hospital Home

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 203

FULL NAME OF CHILD Olive Parthena Heizer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roscoe Heizer	FULL MAIDEN NAME	Susan Hedden
RESIDENCE	Caldwell	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Corral Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch, M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Wilder Ida

Filed 10-28- 1919 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1942

349-212-014-695

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 3 File No. 73790

Primary Registration District No. 2005 Registered No. 202

FULL NAME OF CHILD HELEN LORENA TURNER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes.	July (Month) 12 (Day) 19[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Jessie Turner	FULL MAIDEN NAME	Caroline Winslow
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Crawford Co Ind.	BIRTHPLACE	Marshall Co. Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida.

Filed 10-28- 1919 John J. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 77790

Primary Registration District No. _____ Registered No. _____

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

FULL NAME OF CHILD HELEN LORENA TURNER

Sex of Child | Twin Triplet or other? | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Year) 19__

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
AGE AT LAST BIRTHDAY (Years)		COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M. the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19__ Address _____

Registrar _____ Filed _____ 19__ Registrar _____

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH PERMANENT RECORD

N. B.—In case of more than one birth, the name of each child must be entered in order of birth, and the name of the mother must be entered in order of birth.

296-209-014-296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 3 File No. 73791

Primary Registration District No. 2005 Registered No. 201

FULL NAME OF CHILD Marguerite Anne Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Rollie S Brown	FULL MAIDEN NAME	Anna Brown
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Cutter Ill. ~~Nebraska~~	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wilder Ida

Filed 10-28- 1919 John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 73791

County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Marguerite Brown (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 9 1919 (DATE OF EVENT) in Wilder Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on December 1941 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Marguerite	~~Anna Marguerite Brown~~ Marguerite ANNE BROWN

Subscribed and sworn to before me this 21 day of September, 1943

Minnie A Davenport
Clerk of Dist Court Canyon County
~~Notary Public, residing at~~
~~My commission expires~~ Caldwell, Ida
(SEAL)

Signed P. S. Brown
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Wilder Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Canyon

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of September, 1943

Minnie A Davenport
Clerk of Dist Court, Canyon County
~~Notary Public~~, residing at
~~My commission expires~~ Caldwell, Idaho
(SEAL)

Signed Helen Powell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route #4, Caldwell, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

SEP 2 1 1943

818-107-014-485

PLACE OF BIRTH

Form V. S. No. II-C—25m-9-8-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 73792

No. ..... St.

Primary Registration District No. 1005

Registered No. 243

Hospital .....

FULL NAME OF CHILD Leigh Cornwell Hays

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	other	1st	yes	Nov. 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl C. Hays.	FULL MAIDEN NAME	Areta Myers.
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23. (Years)	AGE AT LAST BIRTHDAY	18. (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Eaton Ida.
OCCUPATION	Common Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on above date at 10:30 P. M. on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or [redacted])

Given names added from a supplemental report.

Address Caldwell Ida.

..... 19.....

Filed 11-12-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-207-014-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73793

County of Canyon

City of Caldwell, Idaho

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 242

Hospital

FULL NAME OF CHILD Opal Seth

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 7 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M Elmer Seth	Lida Stevenson
RESIDENCE	Caldwell, Idaho.	Caldwell, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Bertram, Nebraska	Greely, Colo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), on the date above stated. at 1.45 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) Dr. J. A. Young

V. M. T.
(Physician or midwife)

Address Caldwell, Idaho.

Filed 11-10-1919 John L. Meyers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1987

469 - 105-014-655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Route 3 St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 73794

Primary Registration District No. 2005 Registered No. 241

FULL NAME OF CHILD Arlo Alpheus Morrow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	November 5 1919

FATHER

FULL NAME: William Walter Morrow

RESIDENCE: Caldwell

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Ola, Idaho

OCCUPATION: Mechanic

MOTHER

FULL MAIDEN NAME: Cora Ellen Wright

RESIDENCE: Caldwell

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Clemons, Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth: First. Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) P. G. Young

.....
(Physician or midwife)

Address Caldwell

Filed 11-6-1919

John S. Keeler
Registrar

MAY 12 1965

312-103-014-113

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 73795

Primary Registration District No. 2005 Registered No. 240

FULL NAME OF CHILD Jackson D. Cashman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 3 19 9

FATHER	MOTHER
FULL NAME: Daniel Herbert Cashman	FULL MAIDEN NAME: Mary Elizabeth Jackson
RESIDENCE: Caldwell, Idaho.	RESIDENCE: Caldwell, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kalsey

By V. M. T.

(Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-5- 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1949

MAY 24 1960
NOV 1 1967

445-202-014-551

PLACE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

73796

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 239

FULL NAME OF CHILD Pricilla Alma Dunn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 2 19??

FATHER		MOTHER	
FULL NAME	Andrew E Dunn	FULL MAIDEN NAME	Mary M Evans
RESIDENCE	Notus	RESIDENCE	Notus
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Louisiana	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C M Kuley

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-5-1919 John L. Meyers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1975

363-201-014-843

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73797

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 238

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Sanford Lavalin Coleman	FULL MAIDEN NAME	Alma May Hatelle
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 35 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C M Kaley

Caldwell VMT (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11-1-1919 John S. Meyer Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-154916.

717-129-014-339

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 73799

Primary Registration District No. 2005 — Registered No. 236

FULL NAME OF CHILD De Witt Junior Parks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 29 1917

FATHER		MOTHER	
FULL NAME	Lester G Parks	FULL MAIDEN NAME	May Virginia Cline
RESIDENCE	Caldwell, Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kyles

Caldwell Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 11-1-1917 John S. Meyers. Registrar

DEC 2 2 1941

MAR 8 1972

445-129-014-369

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

Name added 3-6-81

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 73800

Primary Registration District No. 2005 Registered No. 235

FULL NAME OF CHILD Robert Cassius Munsey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cassius Munsey	FULL MAIDEN NAME	Hazel Torrence
RESIDENCE	Caldwell, Ida.	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. A. Young

Caldwell Ida MJ
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11-1-1919 John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
0 11 46 AM '81

State of _____ } ss.
County of _____ }

Certificate No. 73800
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Munsey (Name on Original Certificate) who ~~was born~~ (Was Born, Died, etc.) on ~~Octobe 29, 1919~~ (Date of Event)

in ~~Caldwell~~ (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Robert Cassius Munsey

Subscribed and sworn to before me this 6th day of March, 19 81

Notary Public Florence Cartright
Residing at Boise
My commission expires Lifetime
(Seal)

X Robert Cassius Munsey
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Daughter's birth certificate on file with Vital Statistics, Idaho gives name of father as Robert Cassius Munsey born Sept. 3, 1947 (daughter) in Canyon County, to Robert Cassius Munsey and Jane Walker, # 442748.
Viewed by V.S.

Social Security card lists name as Robert Cassius (Bob C) Munsey, # 519 36 3702
CArd issued 1961.
Viewed by V.S.

367-129-014-414

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73801

County of Canyon

City of Caldwell Id

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 234

Hospital Miss Mynatt's

FULL NAME OF CHILD Lloyd Earl Cox

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	S.	1	Yes	Sept 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl E Cox	FULL MAIDEN NAME	Bessie Mammen
RESIDENCE	Homedale Idaho	RESIDENCE	Homedale Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Madison Co Ia	BIRTHPLACE	Parma Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Filed 10-16-1919 John S. Meyers

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1950

756-228-014-849

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 73802

Primary Registration District No. 2005 Registered No. 233

FULL NAME OF CHILD Buella Estelaine George

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 28 1919

FATHER		MOTHER	
FULL NAME	James A George	FULL MAIDEN NAME	Stella D Hurtt
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 50 A. M. on the date above stated.

(Signature) Dr C M Haley

Caldwell Ida (Physician or midwife)

Address .....

Filed 10-29-1919 John L Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME CHANGE

dup of 1919-413019

Form V. S. No. 11-C—25m-4-17

PLACE OF BIRTH 915--127-014-431

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 73803

No. ..... St.

Primary Registration District No. 2005

Registered No. 282

Hospital .....

FULL NAME OF CHILD Louis Dubois Ramney Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	yes	Oct 27th 1917

FATHER		MOTHER	
FULL NAME	Louis Dubois Ramney	FULL MAIDEN NAME	Florence L. McAdams
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell,
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Kan.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on above date, at 10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry Jr. M. Henry

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

.....19.....

Filed 10-30-1917

.....
Registrar

John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-12-41

391 - 227 - 014 - 259

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 73804

Primary Registration District No. 2005 Registered No. 231

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 27 1919

	FATHER	MOTHER
FULL NAME	William Henry Crawford	FULL MAIDEN NAME Luttie Orlena Beard
RESIDENCE	Caldwell Canyon Co. Idaho	Caldwell Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	37
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Mail Carrier	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. M. Raley

Caldwell Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10-22- 1919 John L. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH 849-126-014-545

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73805

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. ..... St.

Primary Registration District No. 2005

Registered No. 230

Hospital

FULL NAME OF CHILD Harland Herley Huit

Sex of Child	[redacted] or other? and Number in order of birth	Legitimate?	Date of Birth
male	1 (To be answered only in event of plural births)	yes	Oct 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph Jacob Huit	FULL MAIDEN NAME	Helen M. Ede
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	California
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on above date (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed 10-30 1919

John F. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1944

718-226-014-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 73806

Primary Registration District No. 2005 — Registered No. 229

FULL NAME OF CHILD HELEN LULA PAYNE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female Girl			Yes	Oct 26 1919

FATHER		MOTHER	
FULL NAME	Elmer Payne	FULL MAIDEN NAME	Retu Roberts
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	St Cloud Minn	BIRTHPLACE	Chandler Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young M.D.

Caldwell Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10-29-1919 John D. Meyer Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS 73806

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Mult. }

Certificate No. ~~70806~~
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Helen Lula Payne (Name on original certificate) who Born (Was born or died) on 25 of Oct. 1919 (Date of event)
in Caldwell Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record. (Bible record, insurance policy, etc.) prepared on or about 1st year of ~~Oct~~ 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Payne	Helen Lula Payne

Subscribed and sworn to before me this 9TH
day of October, 1941
Fred S. Winters
Notary Public, residing at Portland Oregon
My commission expires Oct. 25, 1944
[SEAL]

Signed Rita O Payne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
45,10 N.E. Holman St
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON Portland Ore.

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 14 1941

JAN 20 1966

FEB 20 1962

PLACE OF BIRTH 652-124-014-767

Form V. S. No. H-C—25m-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73807

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 228

Hospital

FULL NAME OF CHILD Alvin Monroe West.

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of Birth
Male		10	yes	Oct. 24, 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. A. West.	FULL MAIDEN NAME	Dora Pope
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Penn.
OCCUPATION	Laborer	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on above date, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or Midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

....19....

Registrar

Filed 10-30-1917 John L. Meyer

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-124-014-719

name added 10/19/84 tlc

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-6-17

73808

Registration District No. 9 File No. .....

Primary Registration District No. 2005 Registered No. 227

FULL NAME OF CHILD Hugh Vernon Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 24 1919

FATHER	MOTHER
FULL NAME Morgan P. Smith	FULL MAIDEN NAME Alice Katherine Painter
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. C. M. Haley

V.M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 10-24-1919 John P. Meyer Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 19 9 07 AM '84

State of Idaho
County of Ada } ss.

Certificate No. 73808
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Smith (male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 24, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Hugh Vernon Smith

Subscribed and sworn to before me this 19 day of October, 1984.
Notary Public, Teresa L. Guerly
Residing at Boise Idaho
My commission expires April 3, 1985
(Seal)

x Hugh V Smith
Signature of Applicant
x 3115 Colorado ave
Street Address, City, State
Caldwell Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

child 's birth certificate on file in Idaho #431224 (Vernon Eugene Smith) gives father's name as Hugh Vernon Smith. viewed by tlc

OCT 19 1984

Honorable discharge papers from U.S. Army gives name as Hugh V. Smith dated Dec. 20, 1945. born in Caldwell, Oct. 19, 1924. viewed by V. S. tlc

493-122-014-415

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73809

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 226

Hospital

FULL NAME OF CHILD Eldon Norman Davidson Mills

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A Mills	FULL MAIDEN NAME	Minnie M Davidson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Hancock Co. Tenn	BIRTHPLACE	Brownsville Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J A Young

By V. M. J.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 10-22-1919 John S. Meyer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 73809

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Nova Green	Eldon Norman Davidson Mills

Subscribed and sworn to before me this 26 day of Sept., 19 43

Eulene Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47

(SEAL)

Signed Mrs. J. A. Mills

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

.....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 1 1943

FEB 26 1943

713-220-014-319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73810

County of Canyon

City of ~~Caldwell~~

No. Nampa R.F.D. St.

Registration District No. 3

File No.

Primary Registration District No. 2005

Registered No. 225

Hospital

FULL NAME OF CHILD Cleo Packard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	3		3	Yes	10/20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Forrest L. Packard	FULL MAIDEN NAME	Esther Carter
RESIDENCE	Nampa R.F.D. ~~Caldwell~~	RESIDENCE	Nampa R.F.D. ~~Caldwell~~
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Big Horn Co Wyo	BIRTHPLACE	Provo Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M.D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

19

Registrar

Filed 10-27-1919 John P. Meyer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 22 1957

214-119-014-453

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. RHD 4 St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73811

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 224

FULL NAME OF CHILD Badley

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy	S	3	Yes	10/19/1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Burt L Badley	FULL MAIDEN NAME	Edith Deck
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Emmett Ida	BIRTHPLACE	Palmira Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Tu M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Id

19

Filed 10-27-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form [illegible] 2M-9

STATE OF IDAHO

PLACE OF BIRTH

493-115-014-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No Cleveland Blvd & 16th St.

Registration District No. 3

File No. 73812

Primary Registration District No. 2005

Registered No. 223

Hospital .....

FULL NAME OF CHILD ..... GARRETT STANLEY Millard

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
boy	S (To be answered only in event of plural births)	6	Yes	10/15 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John A Millard	FULL MAIDEN NAME	Gay Pritchard
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Bedford Co Pa	BIRTHPLACE	Barbour Co W. Va.
OCCUPATION	Realestate dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 6. Number of children of this mother now living, including present birth ..... 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. D. Lee M.D.

(Physician or midwife)

Address Caldwell Ida

Filed 10-27- 1919. John A. Meyer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 73812
Date Filed 10-27-19

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Miller (Name on original certificate) who born (Was born or died) on Oct. 15, 1919 (Date of event)
in Caldwell, Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on 12-8-41 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Name omitted	Garnett Stanley Miller

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed John A Miller Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of December, 19 41

Joseph D Walker
Notary Public, residing at Caldwell Ida
My commission expires Jan 25-1943
[SEAL]

Signed Jay M Miller mother.
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

(29) DEC 10 194

396-214-014-252

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 73813

Primary Registration District No. 1005 Registered No. 222

FULL NAME OF CHILD Frances May Troescher

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 14 1919

FATHER		MOTHER	
FULL NAME	Frank A. Troescher	FULL MAIDEN NAME	Margaret Kessen
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Cincinnatti Ohio	BIRTHPLACE	Newport Ky
OCCUPATION	Signal Maintainer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young V.M.S.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10-22-1919 John L. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Contra Costa

Certificate No. 73813

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Troescher (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 14, 1919 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) (and Certificate of Baptism--May 10 1939) prepared on 2/27/22/7 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Frances May Troescher

Subscribed and sworn to before me this 16th day of June, 19 64

Marian Pittman
Notary Public, residing at Orinda, Calif.
My commission expires June 24, 1967
(Seal)

MARIAN PITTMAN
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
CONTRA COSTA COUNTY

Signed Frances M. Byer
(Signature of parent or attendant if correcting a birth record, or attendant, funeral director, informant if correcting a death record, or other credible person)
Affiant
63 El Gavilan Rd., Orinda, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Contra Costa

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 19 64

Marian Pittman
Notary Public, residing at Orinda, Calif.
My commission expires June 24, 1967
(Seal)

Signed Gladys Muir Tuttle
(Signature of Any Credible Person)
232 Brookwood Rd., Orinda, Calif.
(Street Address, City, State)

FORM DH 60-155 CL 6-12-64. two copies pd. rec. #03779.

Certificate of Baptism, St. Paul Church, Nampa, Idaho, baptized Oct. 19, 1919 gives full name as Frances May Troescher, born Oct. 14, 1919 at Caldwell, Idaho to Frank A. Troesche and Margaret M. Kessen - viewed by V.S.

JUN 26 1964

Metropolitan Life Insurance Policy, no. 31826575, dated Feb. 27, 1922 gives full name of insured as Frances May Troescher, age 3 - name changed on May 1, 1944 to married name Frances May Byer - viewed by V.S.

465 - 112 - 014 - 253

Form V. S. No. 11-C—25m-8-18

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73814

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 221

FULL NAME OF CHILD Leonard Eugene Doner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			I	Oct 12 1919

FATHER		MOTHER	
FULL NAME	Clarence Doner	FULL MAIDEN NAME	Millie Stell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wausa Nebr	BIRTHPLACE	Idaho Samaria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. A. Young M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 10-13-1919 John L. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 73814

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Leonard None given	Leonard Eugene Doner
birthdate	Oct. 13, 1919	Oct. 12, 1919

Subscribed and sworn to before me this 16th day of Feb., 1943

Notary Public, residing at Boise, Idaho

My commission expires 7/16/47
(SEAL)

Signed Millie E. Doner
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 17 1943

491-112-014-613

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Id

Registration District No. 3

File No. 73815

No. R.F.D. No 5 St.

Primary Registration District No. 2005

Registered No. 2-0

Hospital

FULL NAME OF CHILD Samuel Milan Draganov

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	S	1	yes	10-12-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milan Draganov	FULL MAIDEN NAME	Myrtle Walbrecht
RESIDENCE	Caldwell Id R5	RESIDENCE	Caldwell Id R5
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Hungaria	BIRTHPLACE	York Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Gue M.D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

19

Filed 10-16-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1942

JUL 6 1942

JUL 25

653 -112-014-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Id

Registration District No. 3

File No. 73816

No. Rur. 4 St.

Primary Registration District No. 2005

Registered No. 219

Hospital Mrs Mynatt Lying in Hosp

FULL NAME OF CHILD Charles Albert Dellion

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S	5	yes	10/12 191 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Dellion	Mary Simons
RESIDENCE	Caldwell Id R 4	Caldwell Id R 4
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Ind	Belgium
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Gue M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 10-16- 1919

John G. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/10/41 L. B.

JUL 2 3 1940

445 - 210 - 014 - 434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 73817

Primary Registration District No. 9005 Registered No. 218

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 10 1919

FATHER		MOTHER	
FULL NAME	Craig Dunlap	FULL MAIDEN NAME	Oki McDaniel
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Avalon Mo	BIRTHPLACE	Doron Mo
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. A. Young
VMD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 10-23-1919 John L. Meyer Registrar

249-208-014-967

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon Co

City of Caldwell Id

No. College Hghts

Hospital

Registration District No. 3

File No. 73818

Primary Registration District No. 1005

Registered No. 217

FULL NAME OF CHILD Neva Irene Smith

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	S	3	yes	Oct 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry L. Smith	FULL MAIDEN NAME	Eva B. Rogers
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Clarkson Iowa	BIRTHPLACE	Hartford Iowa
OCCUPATION	Plummer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Gue M.D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

19

Registrar

Filed 10-16-1919 John S. Meyer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1975

419-106-014-696

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 73819

Primary Registration District No. 1005 Registered No. 216

FULL NAME OF CHILD Loren Wendell Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Martin	FULL MAIDEN NAME	Edith Frost
RESIDENCE	Caldwell, Ida	RESIDENCE	Caldwell, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Star, Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young
V.M.T.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10-13-1919 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of ADA

Certificate No. 73819
Date Filed 10-13-19

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Loren Wendell Martin (Name on original certificate) who was born (Was born or died) on October 6, 1919 (Date of event)
in Caldwell, Idaho (Place of event) ~~were~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by family Bible record (Bible record, insurance policy, etc.) prepared on October 7, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Loren Wendell Martin

Subscribed and sworn to before me this 10th
day of February, 1942
Frank R. Breshears
Notary Public, residing at Boise, Idaho
My commission expires Nov. 27, 1943
[SEAL]

Signed Edith Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of ADA

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of February, 1942
Frank R. Breshears
Notary Public, residing at Boise, Idaho
My commission expires Nov. 27, 1943
[SEAL]

Signed Lillie Mitchell
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

FEE

Form V. S. No. 11-C—25m-9-5-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
386-103-014-893

County of Canyon

City of Notus

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 73820

Primary Registration District No. 2005

Registered No. 215

FULL NAME OF CHILD Millard Alfred Thornton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6th	yes	Oct 3rd 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank W. Thornton	Nora E. Hill.
RESIDENCE	Notus Ida.	Notus Ida.
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 44	White / 37
BIRTHPLACE	Nebraska.	Kansas.
OCCUPATION	Laborer.	Housekeeper.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... on above date, at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry
(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-14-1919 John S. Meyer Registrar

849-109-014-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73821

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 214

FULL NAME OF CHILD Joseph Quist

Sex of Child	~~Twin~~ Triplet ~~or other?~~ and Number in order of birth	Legitimate?	Date of Birth
male	7th (To be answered only in event of plural births)	yes	9 (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph T. Quist	FULL MAIDEN NAME	Lucy E Johnson
RESIDENCE	Middleton	RESIDENCE	Middleton, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Hamer M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10-11-1919 John S. Meyer Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-209-014-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73823

County of Canyon

City of Middleton

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 212

Hospital

FULL NAME OF CHILD Mary Quist

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		6th	yes	9 9 1919

FATHER		MOTHER	
FULL NAME	Joseph T. Quist	FULL MAIDEN NAME	Lucy E. Johnson
RESIDENCE	Middleton	RESIDENCE	Middleton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a.m. on the date above stated.

(Signature) J. W. Farmer M. D.

(Physician or midwife)

Address

Filed 10-11- 1919 John S. Meyers

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]-227-[redacted]

Form V. S. No. 11-C—[illegible]-1-1-[illegible]

[redacted] BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73824

City of Plummer

Registration District No. 46

File No.

No. ..... St.

Primary Registration District No. 2123

Registered No. 77

Hospital

FULL NAME OF CHILD Jeanette Ohler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Sept 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Harris Ohler	FULL MAIDEN NAME	Janie Cabbage
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Corbin, Kentucky	BIRTHPLACE	London, Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth (4) Four

Number of children of this mother now living, including present birth (4) Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12-40-a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington D.C.

Accoucheur
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho

Filed Oct. 7 1919

W. J. Jaeger
Registrar

Registrar

8-Y CO. 24655

DEC 30 1941

JUL 5 1973

296-205
018-249
PL [redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73825

County of [redacted]

City of Russell

Registration District No. 90 File No.

No. St.

Primary Registration District No. 2168 Registered No. 61

Hospital

FULL NAME OF CHILD Ida Irene Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 5 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joy Brown	Millie Smith
RESIDENCE	Russell Ida	Russell Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Idaho	
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) J. M. Stanley
Physician
(Physician or midwife)

Address Soda, Ida

Filed Nov 1 1919 J. M. Stanley
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1942

954-226-074-446

PLACE OF BIRTH AMENDED OCTOBER 5, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of

No. [illegible] St.

Hospital

Registration District No. 18 File No. 73826

Primary Registration District No. 2102 Registered No. 34

FULL NAME OF CHILD Opal May Zemke
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 26, 1919

What bacteriacidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: George Zemke	FULL MAIDEN NAME: Mabel Duff
RESIDENCE: Rupert	RESIDENCE: Rupert
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen, M. D.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Aug. 10, 1919 V. R. Killen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73826
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Opal May Zemke (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1919 (Date of Event)
in Minidoka County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Zemka	Zemke

Subscribed and sworn to before me this 29th day of September, 1953
Herman E. Bedke
Notary Public, residing at Burley, Idaho
My commission expires 6-23-59
(Seal)

Signed Mabel Zemke (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1411 Normal Ave. Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of September, 1953
Herman E. Bedke
Notary Public, residing at Burley, Idaho
My commission expires 6-23-57
(Seal)

Signed Mary Short
(Signature of Any Credible Person)
R F D H 1 Burley Idaho
(Street Address, City, State)

FORM DPH - 51117

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73826

County of Minidoka

City of _____ Registration District No. 18 File No. _____

No. _____ St. Primary Registration District No. 2102. Registered No. 34

Hospital _____

FULL NAME OF CHILD Opal May Gamka.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	July 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo Gamka.	Mabel Duff.
RESIDENCE	Rupert.	Rupert
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Minn.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killen M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug 10 1919 V. P. Killen Registrar

8-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 [illegible]

APR 18 1967

OCT 5 1953

SEP 15 1953

386-117-003-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Swan Lake

No. ..... St.

Hospital .....

Registration District No. 83

File No. 73828

Primary Registration District No. .....

Registered No. 51

FULL NAME OF CHILD Baby Thomas Quintin Hendreicks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m	single	yes	11-17-1919

FATHER		MOTHER	
FULL NAME	Chancy W Thomas	FULL MAIDEN NAME	Pauline Hendricks
RESIDENCE	Swan Lake Idaho	RESIDENCE	Swan Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Richmond Ut	BIRTHPLACE	Richmond Ut
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cosper & Hand

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Downey Idaho

Filed 11-30-1919

Cosper & Hand

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C. W. POND, M. D.
EYE, EAR, NOSE AND THROAT
POCATELLO, IDAHO

December 19, 1941

To Whom It May Concern:

I was in attendance at the birth of Quintin Hendreicks Thomas on November 17th, 1919, Swan Lake, Bannock County, Idaho.

Yours Sincerely,

C W Pond

DR. C. W. POND.

JUN 1 8 1974

CWP/gp

619-114-003-665

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73829

Registration District No. 83 File No. .....

Primary Registration District No. 2086 Registered No. 51

FULL NAME OF CHILD ~~XXXXXXXX~~ ~~XXXXXXXX~~ GEORGE HOMER WARE

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
M	Single (To be answered only in event of plural births)	yes	11-14-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. N Ware	FULL MAIDEN NAME	Pauline Owens
RESIDENCE	Downey, Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Downey Idah	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Arnold

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Downey Ida

Filed 11-30-1919 Casper Arnold Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 73829

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for George Homer Ware (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 14, 1920 (DATE OF EVENT) in Downey, Bannock Co., Idaho (PLACE OF EVENT) erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Ware	George Homer Ware

Subscribed and sworn to before me this 19th day of January, 19 42

J. E. Dickmore
Notary Public, residing at Downey, Idaho
My commission expires October 1, 1945
(SEAL)

Signed Pauline Ware
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Downey, Bannock County, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of January, 19 42

J. E. Dickmore
Notary Public, residing at Downey, Idaho
My commission expires October 1, 1945
(SEAL)

Signed Geo. H. Ware
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Downey, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 2 By
(REGISTRAR'S SIGNATURE)

JUN 25 1943

MAR 9 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816-228-003-356 amended 1/26/81

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Swan Lake

Registration District No. 83

File No. 73830

No. ..... St.

Primary Registration District No. .....

Registered No. 52

Hospital .....

FULL NAME OF CHILD VEDA Hawes

Sex of Child F

Twin Triplet or other? and Number in order of birth Single (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 11-28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno Hawes Jr	FULL MAIDEN NAME	Ethyl Jean Lewis
RESIDENCE	Swan Lake Idaho	RESIDENCE	Swan Lake Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Swan Lake Idaho	BIRTHPLACE	Richmond Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Ida

Filed 11-30 1919

Registrar

Casper Wood

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 73830
Date Filed JAN 2 1981

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Haws (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 28, 1919 (Date of Event)

in Swan Lake (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Veda Hawes

Subscribed and sworn to before me this 21 day of January, 1981.

Notary Public, Marilyn H. Jackson
Residing at American Falls
My commission expires Lifetime
(Seal)

X Veda Hawes Kendall
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Neice in office 1-19-81 No prev. corresp. fc 1 cp Pd rec #16571

Beneficial Life Insurance Co. gives name as Veda Hawes Kendell. dated May 4, 1942. viewed by V. S.

JAN 26 1981

Marriage certif from Utah gives names as Ralph William Kendell and Veda Hawes. dated Feb 2, 1940. viewed by V. S.

155-125-027-23

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

[redacted] OF IDAHO
[redacted]TAL STATISTICS

CERTIFICATE OF BIRTH

73831

PLACE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23 File No.

No. St.

Primary Registration District No. 17201 Registered No.

Hospital Home

FULL NAME OF CHILD Jennings Clifton Arthur

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			1	Yes.	Nov 25 1917

FATHER	MOTHER
FULL NAME James Franklin Jennings	FULL MAIDEN NAME Mabel Bessie Stanhope
RESIDENCE Jerome.	RESIDENCE Jerome
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Arkansas.	BIRTHPLACE Arkansas.
OCCUPATION Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) Dr. Chas. J. Zeller

Jerome

(Physician or midwife)

Address

Filed Nov 26 1917

E. D. Pike Deputy

Registrar

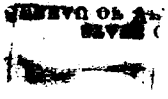
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Certified Copy issued October 30, 1940. E.W.



619-116-027-291

Form V-S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jerome,

City of Jerome

No. ..... St.

Hospital Home,

Registration District No. 23 File No. 73812

Primary Registration District No. 1217-201 Registered No. .....

FULL NAME OF CHILD BRUCE EDWARD FARNWORTH

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	Other		7	Yes	Nov 16 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Farnsworth	FULL MAIDEN NAME	Mamie Braithwaite
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 15 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. F. Zeller

Jerome
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 26 1919

E. D. Pfeiffer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 73832

Date Filed birth (BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of for Bruce Edward Farnworth (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 16 - 1919 (DATE OF EVENT) in Jerome, Idah (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ——— (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ——— (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
SurName	Farnsworth	Farnworth
Name	Unnamed	Bruce Edward Farnworth
		" " "

Subscribed and sworn to before me this 23rd day of February, 1942

J. Thurber

Notary Public, residing at Jerome Ida

My commission expires Nov 1-1942

(SEAL)

Signed Farnworth, Mamie (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Jerome. Idaho (STREET ADDRESS, CITY, STATE)

(Mother)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of February, 1942

J. Thurber

Notary Public, residing at Jerome

My commission expires Nov 1-1942

(SEAL)

Signed Alfred Farnworth (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Jerome. Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on FEB - 7 1942 By ——— (REGISTRAR'S SIGNATURE)

MAR 10 1942

314-720-027-643

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73833

County of Jerome

City of Jerome

Registration District No. 23 File No.

No. St.

Hospital Home

Primary Registration District No. 1017-2017 Registered No.

FULL NAME OF CHILD Babe Campbell.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		3	Yes	Nov 20 19

FATHER		MOTHER	
FULL NAME	Robert C. Campbell.	FULL MAIDEN NAME	Helen Fuller.
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr Chas F Zeller

Jerome, Ida

(Physician or midwife)

Address

Filed Nov 26 1919

E. B. Pyle

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 23 1962

DECEASED

386-219-027-165

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73834

County of Jerome

City of Jerome Registration District No. 23 File No.

No. St.

Hospital Home Primary Registration District No. 017-201 Registered No.

FULL NAME OF CHILD Thoreson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		2nd	Yes.	Nov 19 1919

FATHER	MOTHER
FULL NAME Oscar Leonard Thoreson.	FULL MAIDEN NAME Luella Jones.
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W.	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Minnesota
OCCUPATION Druggist.	OCCUPATION Housewife

Number of child of this mother including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 p M. on the date above stated.

(Signature) Dr. Chas F. Zeller.

Jerome.
(Physician or midwife)

Address Jerome Idaho

Filed Nov 26 1919 E. D. Pyle Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-205-027-315

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital, Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73835

Registration District No. 23 File No. .....

Primary Registration District No. 017-201 Registered No. .....

FULL NAME OF CHILD Helen Virginia Keating.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		4	L	Nov 5 19

FATHER		MOTHER	
FULL NAME	Florence E. Keating	FULL MAIDEN NAME	Martha Larsen
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Edward D. Piper M.D.

(Physician or midwife)

Address Jerome Idaho

Filed Nov 26 1919 E. D. Piper Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

799-125-027-813

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73836

County of Jerome

City of Jerome Registration District No. 23 File No.

No. St.

Primary Registration District No. 817-2017 Registered No.

Hospital Home

FULL NAME OF CHILD Edward Eugene Prince.

Sex of Child M. | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth 2nd | Legitimate? yes. | Date of Birth Oct 25 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME Paul Prince	FULL MAIDEN NAME Stella Bathman
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Oklahoma
OCCUPATION Laborer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D. Pipes M.D.
(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 26 1917 E. D. Pipes
Registrar

765-121-027-764

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73837

County of Jerome

City of Jerome Registration District No. 23 File No.

No. St.

Primary Registration District No. 017-201 Registered No.

Hospital Home

FULL NAME OF CHILD James Harland Goemmer.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1st	Yes.	Nov 21 1919

FATHER

FULL NAME Richard R. Goemmer.

RESIDENCE Jerome.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Colorado

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Katherine D. Godfrey.

RESIDENCE Jerome, Idaho.

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Ill.

OCCUPATION Housewife.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

(Signature) Edward D. Piper M.D.

(Physician or midwife)

Address Jerome Idaho

Filed Nov 26 1919 E. D. Piper

Registrar

APR 21 1952

366-115-027-493

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73838

County of Jerome

City of Jerome Registration District No. 23 File No.

No. St.

Hospital, Home Primary Registration District No. 6017-2017 Registered No.

FULL NAME OF CHILD Tealey John Jefferson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3rd	Yes.	Oct 15 19

FATHER	MOTHER
FULL NAME Russell Fred Tealey	FULL MAIDEN NAME Mary Elizabeth Miltenberger
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Nebr.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P— M. on the date above stated.

(Signature) Dr. Chas. H. Miller.

Jerome

(Physician or midwife)

Address Dr. E. D. Rifer Jerome

Filed Nov 26 19 19

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/13/41. w.h.

JAN 30 1952

55-7-104-027-617

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73839

County of Gamm

City of Eden

Registration District No. 23 File No.

No. St.

(Hospital) Home Primary Registration District No. 107-2017 Registered No.

FULL NAME OF CHILD Herbert R Engert

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				leg	Oct 17 1917

	FATHER	MOTHER
FULL NAME	Alfred A Engert	FULL MAIDEN NAME Mayme Waggoner
RESIDENCE	Eden	RESIDENCE
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Mo	Ill
OCCUPATION	Farm	House K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 8P M. on the date above stated.

(Signature) Dr B A Price

(Physician or midwife)

Address

Filed Mar 26 1918 E. D. Piper M.D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

491-106-027-419

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73840

County of Jerome

City of Eden

Registration District No. 23 File No.

No. St.

Primary Registration District No. 187-2017 Registered No.

~~Hospital~~ Horse

FULL NAME OF CHILD Norman Albert Drake

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Leg	Oct 6 1919

FATHER		MOTHER	
FULL NAME	Stephen N. Drake	FULL MAIDEN NAME	Atibia Marrson
RESIDENCE		RESIDENCE	
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Penn.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House Keeper.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B. G. Price

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address

Filed Nov 26 1919 E. G. Pope M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-220-027-663

(Be sure the information is complete and accurate)

State File No. 73841

Local Reg. No.

Reg. Dist. No. 23

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 12/28/76

1. PLACE OF BIRTH

a. COUNTY: Jerome

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Eden

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Jerome

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Eden

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lillian

b. (Middle): Katherine

c. (Last): Schwarz

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 20 (Year) 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Theodore

b. (Middle):

c. (Last): Schwarz

8. AGE (At time of this birth): 23 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Illinois

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Alma

b. (Middle):

c. (Last): Wolters

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Illinois

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: B.A. Price

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11/26/19

22. REGISTRAR'S SIGNATURE: E.O. Piper, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

12/23/76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 27 8 45 AM 76
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73841

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Unnamed Charaz (Name on Original Certificate) who was born (Was Born or Died) on October 20, 1919 (Date of Event)
in Eden, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Charaz	Lillian Katherine Schwarz
Father's name	H.S. Charaz	Theodore Schwarz
Mother's name	Alma Walter	Alma Wolters
Sex	Male	Female

Subscribed and sworn to before me this 27 day of December, 1976
George Day Jr
Notary Public, residing at Twin Falls
My commission expires October 6, 1977
(Seal)

Signed Theodore Schwarz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RT. 1 EDEN, IDAHO.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of December, 1976
George Day Jr
Notary Public, residing at Twin Falls
My commission expires October 6, 1977
(Seal)

Signed Lillian K Schwartz
(Signature of Any Credible Person)
Rte 2 Kimberly Rd Twin Falls, Idaho 83301
(Street Address, City, State)

FORM DH 60-155

Marriage Certificate issued by State of Idaho gives name of Bride as Lillian Schwarz. Issued 19 February 1939. viewed by V.S.

DEC 30 1975

Confirmation Certificate issued 28 May 1933 gives name as Lillian Katherine Schwarz born 10/20/19 in Eden, Idaho. ~~XXX~~.viewed by V.S.

certificate issued by Ev. Luth. Church, H.C. Westendorf, Pastor.

Child's birth certificate issued by State of Idaho, child born 12/22/24 lists father's name as Theodore Schwarz and mother as Alma Wolters. viewed by V.S.

Agreement of Sale issued by Hazelton State Bank gives names of parties as Theodore J. Schwarz and Alma Schwarz. Viewed by V.S.

Social Security Card #518-12-5759 gives name as Alma Wolters Scharz. viewed by V.S.

781-120-027-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

73841

CERTIFICATE OF BIRTH

County of Ada

City of Eden Registration District No. 23 File No.

No. St.

Hospital Home Primary Registration District No. 10/22017 Registered No.

FULL NAME OF CHILD

Sex of Child: Boy | ~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births) | and | Number in order of birth: 1st | Legitimate? leg. | Date of Birth: Oct 20 (Month) (Day) 19 17 (Year)

FATHER	MOTHER
FULL NAME: H. S. Chasaz.	FULL MAIDEN NAME: Elma Walter
RESIDENCE: Eden	RESIDENCE:
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Ill	BIRTHPLACE: Ill
OCCUPATION: farm.	OCCUPATION: House.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born~~ (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B C. Price

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Nov 26 19 17

E. D. Pipes M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-210-027-995

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73842

County of Jerome

City of Jerome Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-2017 Registered No.

Hospital

FULL NAME OF CHILD Malloy, Varienne Monica

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		9	Yes	Nov 10 1919

FATHER	MOTHER
FULL NAME Walter G. Malloy.	FULL MAIDEN NAME Mae E. Reilly.
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Iowa.	BIRTHPLACE New York.
OCCUPATION Rod Operator.	OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. F. Zeller.

Jerome, Ida.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Nov 26 1919 C. D. Pifer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1960

MAY 25

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73 [illegible]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. 3*
(d) Name of Hospital or Maternity Home: In my own home (Dr F Zeller
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County Jerome
(c) City Jerome
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Varienne Monica Malloy

5. Date of Birth of Child (Month, day, year) Nov 10 - 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter A Malloy
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Lawler (City or town) Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae Elizabeth Rielly
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace New York City (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

~~22. Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae E. Malloy Signature
..... P. O. Address

Subscribed and sworn to before me this 13 day of May, 1942
(SEAL) J. M. Hume Notary Public, residing at 841 E. 63 Street Chicago Ill

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

862-205-027-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH -- 73843

County of Jerome

City of Jerome Registration District No. 23 File No.

No. St.

Hospital Home Primary Registration District No. 12-20-1 Registered No.

FULL NAME OF CHILD ~~Hoskins~~ ORDA MURIEL HOSKINS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
~~Sex of~~ Child F		4	Yes	Nov 5 19

FATHER		MOTHER	
FULL NAME	Jay L Hoskins	FULL MAIDEN NAME	Frances Wilson
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Ireland
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:50 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. F. Zeller

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov 26 19 19 E. D. Finn

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Jerome } ss.

Certificate No. 73843

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Orda Muriel Hoskins (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 5, 1919 (DATE OF EVENT) in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother's information (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feburary 15, 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Orda Muriel Hoskins

Subscribed and sworn to before me this 17th day of February, 19 43

Notary Public, residing at Twin Falls, Idaho

My commission expires April 8, 1944

(SEAL)

Signed Frances Wilson Hoskins
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Jerome, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 19 1943

981-104-027-268

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73844

County of Jerome

City of Jerome

Registration District No. 23 File No.

No. St.

Hospital Home

Primary Registration District No. 017-207 Registered No.

FULL NAME OF CHILD Ryan, Herbert Stanfield

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	other	2nd	Yes	Oct 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Huber Herbert Ryan	FULL MAIDEN NAME	Minnie Arzula Boyd
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Zeller. M.D.

Jerome Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov 26 1919

E. D. Piper M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 73844
Date Filed Nov. 13, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Herbert S Ryan (Name on original certificate) who was born on October 4 1919 (Was born or died) (Date of event)
in Jerome, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on 1919 (Give date), are:

ITEM TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of Birth	October 9, 1919	October 4, 1919

Subscribed and sworn to before me this 13
day of November, 1941
Lura H. Stark
Notary Public, residing at Middleton, Ida.
My commission expires May 8, 1943
[SEAL]

Signed Minnie A. Ryan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Caldwell, Ida. Rt 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of November, 1941
Lura H. Stark
Notary Public, residing at Middleton, Ida
My commission expires May 8, 1943
[SEAL]

Signed Herbert Herbert Ryan
(Signature of any credible person other than the previous affiant.)
Caldwell Ida. Rt. 1
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

612-128-027-512

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73845

County of Jerome

City of Jerome

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1617-2017 Registered No.

Hospital Home

FULL NAME OF CHILD Washburn - David Lou

Sex of Child M | ~~Twin Triplet~~ or other? and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Washburn	FULL MAIDEN NAME	Ellen Elizabeth Eakin
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Penn.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. F. Zeller
Jerome, Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov 26 1919 E. D. Pipin MD Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1948

294-231-027-863

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 73846

Primary Registration District No. 107-207 Registered No. .....

FULL NAME OF CHILD Simerly, Vernon Marshall Simerly

~~Sex of~~ Child	~~Twin Triplet~~ or other?	~~and~~ Number in order of birth	Legitimate?	Date of Birth
M	Other	2nd	yes	Oct 31 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Thos. Simerly	FULL MAIDEN NAME	Eunice Hallenbeck
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Tenn.	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. A. Zeller

Jerome, Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 26 1919 E. D. Piper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 10 1944

DECEASED

493-129-027-355-

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73847

County of Jerome

City of Eden

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-2017 Registered No.

~~Hospital~~ Home

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
✓	✓	✓	Oct 29 1919

FATHER		MOTHER	
FULL NAME	Joe B Dickson	FULL MAIDEN NAME	Agnes May Leahy
RESIDENCE	Eden	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	N.J.	BIRTHPLACE	N.Y.
OCCUPATION	Carpenter	OCCUPATION	House H.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Tom Olive at 4 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B A Price
Eden, Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov 26 1919 E. D. Piper M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-130-027-142

Form V-S. No. 1-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73848

County of Jerome

City of Jerome

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-2017 Registered No.

Hospital Home

FULL NAME OF CHILD ~~Baby Parrick~~ COLUMBUS EARL PARRICK

Sex of Child M | ~~Twin Triplet~~ or other? and Number in order of birth 8th (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Allen Parrick	FULL MAIDEN NAME	Anna Etta Culbertson
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. F. Zeller

Jerome, Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Nov 26 1919

E. D. Pope M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Jackson }

Certificate No. 73848

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Parrick (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 30, 1919 (DATE OF EVENT)
in Jerome, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by my personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Columbus Earl Parrick

Subscribed and sworn to before me this 24th
day of November, 1942

C. E. Pierce

Notary Public, residing at Medford, Oregon

My commission expires July 19, 1946
(SEAL)

Signed Mrs Laura E Parrick
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R. F. D. #4, Medford, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of November, 19 42

C. E. Pierce

Notary Public, residing at Medford, Oregon.

My commission expires July 19, 1946
(SEAL)

Signed George Allen Parrick
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R. F. D. #4, Medford, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on NOV 27 1942 By
(REGISTRAR'S SIGNATURE)

NOV 30 1949

667 - 205 - 012 - 658

PLACE OF BIRTH

County of Butte

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73849

Registration District No. 59

File No. .....

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD ..... Aletha Marie Fox

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) 5 (Day) 1919 (Year)

FATHER

FULL NAME Parley Henry Fox

RESIDENCE Moore, Idaho

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE McCammon Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Dorothy Abbie Frey

RESIDENCE Moore, Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Custer City, S. D.

OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2309 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Arco, Idaho

Filed 11-5 1919

E W Fox Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 73849
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for (Name on original certificate) who born (Was born or died) on Nov. 5, 1919 (Date of event)
in Moore, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by marriage certificate (Bible record, insurance policy, etc.) prepared on July 1936 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
No name	No name	Aletha Marie Fox

Subscribed and sworn to before me this 12th
day of December, 19 41
Marion E. Coe
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
[SEAL]

Signed Catherine Fox Clement
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

12-12-41

269-107-012-155

PLACE OF BIRTH

County of Butte

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

73850

Registration District No. 59 File No. .....

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Sorensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Willard H. Sorensen	FULL MAIDEN NAME	Lenora J. Jensen
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Lago, Idaho	BIRTHPLACE	Hyrum Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Registrar

Filed 11-7 1919 E W Fox Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-209-012-231

PLACE OF BIRTH

County of Latah

City of Troy

No. One Flat St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

73851

CERTIFICATE OF BIRTH

Registration District No. 59

Primary Registration District No. 2129

File No.

Registered No.

FULL NAME OF CHILD Grizzle

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11 9 1919

FATHER		MOTHER	
FULL NAME	Varnet Silas Grizzle	FULL MAIDEN NAME	Naoma Ann Starnes
RESIDENCE	Troy, Idaho	RESIDENCE	Troy, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Merrill Oregon	BIRTHPLACE	Jasper Co, Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician

(Physician or midwife)

Given names added from a supplemental report.

19 Address

Registrar

Filed 11-10 1919

Registrar

693-109-012-795

PLACE OF BIRTH

County of Butte

City of Howe

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73852

Registration District No. 59 File No. .....

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD ..... Wilde

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jens N. Wilde	FULL MAIDEN NAME	Mary Gregerson
RESIDENCE	Howe, Idaho	RESIDENCE	Howe, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Omah, Neb.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) EWH

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Ida

Filed 11-10 1919 EWH

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-114-012-45-1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH 73853

Registration District No. 09 File No. .....

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Parley Dean Black

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11 14 1917

FATHER		MOTHER	
FULL NAME	Parley Pratt Black	FULL MAIDEN NAME	Mary Elizabeth Dean
RESIDENCE	Arco Idaho	RESIDENCE	Arco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Deseret Utah	BIRTHPLACE	Woodruff Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 2 10 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

..... Registrar

Filed 11-14 1917

[signature] Registrar

Certified Copy issued October 25, 1940. E.W.

AUG 28 1973

493-115-012-396

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

Registration District No. 59

File No. 73854

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD ..... RALPH ORION Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	11 15 1919

FATHER		MOTHER	
FULL NAME	Lunsford Warren Miller	FULL MAIDEN NAME	Henriette Eugene Fradin
RESIDENCE	Arco Idaho	RESIDENCE	Arco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Manti Utah	BIRTHPLACE	Ely Minn
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 43 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Physician

(Physician or midwife)

Address Arco Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-15-1919

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 73854

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Ralph Orion Miller who was born on November 15 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Aroo, Idaho are ~~XXXXXX~~ or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on November 16 1919, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ralph Orion Miller

Subscribed and sworn to before me this 15th
day of May 19 43

Lorene B. Early
Notary Public, residing at Blackfoot, Idaho

My commission expires August 26 1946
(Seal)

Signed Mrs. Henrietta Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

340 South Hayes, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Lorene A. Hendricks
(Signature of Any Credible Person Other Than Previous Year)

735 E. Halliday Pocatello, Idaho
(Street Address, City, State)

MAY 2 6 194[illegible]

418-117-012-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

73855

CERTIFICATE OF BIRTH

Registration District No. 57

Primary Registration District No. 2129

File No. .....

Registered No. .....

FULL NAME OF CHILD Charles Verne Maynard

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 17 1919

FATHER		MOTHER	
FULL NAME	Henry Harrison Maynard	FULL MAIDEN NAME	Lydia Jowell Toombs
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Calhoun Co. Tenn	BIRTHPLACE	Logan Utah
OCCUPATION	Merchant Tailor	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Arco, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11-17-19 [signature]

Registrar

MAR 27 1944

792-201-038 483

PLACE OF BIRTH

Name added 3-21-81

[redacted] BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

73856

County of Payette

City of Payette

No. ..... St.

Registration District No. 4

File No. .....

Primary Registration District No. 1008

Registered No. 31

Hospital .....

FULL NAME OF CHILD Arlene May Gissel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes	Oct 1 1911

FATHER		MOTHER	
FULL NAME	Bowen Gissell	FULL MAIDEN NAME	Dina Mickelson
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Denmark	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Minn.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.40 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward, M.D.

(Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct. 5 1911 J. C. Woodward

Registrar

S-Y CO. 20175

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF VITAL STATISTICS
3 11 AM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 73856
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Gissell (Name on Original Certificate) who was born (Was Born, Died, etc.) on October 1, 1919 (Date of Event)

in Payette (Payette) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Arlene May Gissel

Subscribed and sworn to before me this 16th day of March, 1981.

Notary Public, Florence Curtright
Residing at Boise
My commission expires Lifetime
(Seal)

Arlene May Debban
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

In office 3-16-81 1 cp pd 3-16-81 rc #22827

Own child's birth certificate on file with Bureau of Vital Statistics gives name as Ar.ene May Gissel. Child born Sept. 21, 1944, in Payette, Idaho state file # 396660
Viewed by V.S.

Social Security # 519 22 6209 gives name as Ariene May Gillel(Debban). CArd issued 1972.
Viewed by V.S.

MAR 21 1981

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-109-038-819

PLACE OF BIRTH

County of Payette

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25r 9-8-15

CERTIFICATE OF BIRTH

73857

Registration District No. 4

File No.

Primary Registration District No. 1008

Registered No. 23

FULL NAME OF CHILD Robert Howard Divish

Sex of Child Male | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 9 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Joe L Divish	FULL MAIDEN NAME Nida Harris
RESIDENCE Payette County	RESIDENCE Payette County
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Austria	BIRTHPLACE Payette
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P M. on the date above stated.

(Signature) J C Woodward M D

Physician

(Physician or midwife)

Address Payette Ida

Filed Oct 14 1919 J C Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

DEC 2 6 2018

DR. J. C. WOODWARD
WOODWARD BUILDING
PAYETTE, IDAHO

JUNE 3,1941.

THE STATE REGISTRAR OF VITAL STATISTICS

THE STATE CAPITOL

BOISE, IDAHO.

JUN 4 1941

44640

DEAR SIR:-

This is to certify that on date August 31,1916 I attended Mrs.Joe Divish at Fruitland, Idaho at the birth of a son who was subseque named DONALD JOSEPH DIVISH, and also on date October 9,1919 I attended her at the birth of a son, who was subsequently named ROBERT HOWARD DIVIS I am informed that the birth certificates in each case are duly on record and I would request that the names as herein stated should be inserted whthin the original certificates.

I am, very truly

J.C.Woodward M.D.

DR.J.C.WOODWARD

WOODWARD BUILDING

PAYETTE, IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-104-038-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[redacted] OF IDAHO

[redacted] ITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4

File No. 73858

No. ..... St.

Primary Registration District No. 1008

Registered No. 34

Hospital .....

FULL NAME OF CHILD Jack Penner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 4 1919

FATHER		MOTHER	
FULL NAME	A L Penner	FULL MAIDEN NAME	Carrie Taylor
RESIDENCE	Payette Ida	RESIDENCE	Payette, Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Idaho	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 P. M. on the date above stated.

(Signature) J R Woodward MD

(Physician or midwife)

Address Payette Ida

Filed Oct 10 1919 J C Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

[redacted]

[redacted]

OCT 9 19[redacted]

613 - 116 - 838 - 813

PLACE OF BIRTH

County of Payette

City of Payette

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

73859

Registration District No. 4

File No. ____

Primary Registration District No. 1008

Registered No. 55

FULL NAME OF CHILD FRANK JACKOB WALTERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 10th 191 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Walters	Emma Halitschke
RESIDENCE	Payette Ida	Payette, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	54	34
BIRTHPLACE	Germany	Germany
OCCUPATION	Baker	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 3.30 P. M.

(Signature) S R Woodward M D

(Physician or midwife)

Address Payette Ida

Filed Oct 17 1919 J C Woodward Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19....

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 73859

State of Arizona }
County of Maricopa } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Frank Jackob Walter (Name on Original Certificate) who born (Was Born or Died) on Oct. 16th, 1919 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frank Jackob Walters
Date	Oct. 15th	Oct. 16, 1919

Subscribed and sworn to before me this 12th
day of November, 1942.
B Arnold
Notary Public, residing at Tolleson, Arizona
My commission expires 1/9/46
(Seal)

Signed Mrs M C Whitesmother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Tolleson Arizona
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 17-1942

813 - 217 - 038 - 394

PLACE OF BIRTH

County of Payette

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 73860

Primary Registration District No. 1008 Registered No. 56

FULL NAME OF CHILD Inez Louie Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			Yes	Oct 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Percy Hall	Lucinda Crupe
RESIDENCE	Payette Co	Payette Co.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Texas	Oregon
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 1/3 M. on the date above stated.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Address Payette Ida

Filed Oct 24 1919 J. C. Woodward Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1944

243-270-038-746

PLACE OF BIRTH

Amended 6-22-81

County of Payette

City of Payette

No. ____ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

73861

Registration District No. 4

Primary Registration District No. 1008

File No.

Registered No. 57

FULL NAME OF CHILD Martha Henrietta Buchmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 20 1919

FATHER		MOTHER	
FULL NAME	Carl F Buchmann	FULL MAIDEN NAME	Annie Pufahl
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Germany	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 30 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) S R Woodward M D

(Physician or midwife)

Address Payette Idaho

Filed Oct 24 1919 J C Woodward
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-9-81

RECEIVED
APR 22 1981
BUREAU OF VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF VITAL STATISTICS
APR 27 11 09 AM '81

State of Bureau of Vital Statistics
County of _____ } ss.

Certificate No. 73861
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Buckman (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-20-19 (Date of Event)

in Payette (Payette) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Buckman	Martha Henrietta Buchmann
Fathers last name	Buckman	Buchmann

Subscribed and sworn ~~to before~~ me this 16th day of April, 1981

Notary Public, John W. Judd

Residing at 23256 CR 26 E. Elkhart, IN 46516

My commission expires 3-4-83

(Seal)

Martha Henrietta Buchmann
Signature of Applicant

114 Nadel Ave. Elkhart, Indiana 46516
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Indiana
County of Elkhart } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of April, 1981.

Notary Public, John W. Judd

Residing at 23256 CR 26 E. Elkhart, IN 4656

My commission expires 3-4-83

(Seal)

Carl William Buchmann
Supporting Signature

925 Geyer Ave
Street Address, City, State Mishawaka Ind. 46544

1 cc pd

Family record issued by parents in family Bible gives name of child as Martha Henrietta Buchmann born Oct. 20, 1919, to Carl Buchmann and Annie Penfold.
Viewed by V.S.

Baptismal Certificate gives name of child as Martha Henrietta Buchmann, child of Carl F. Buchmann and Annie R. Bufold, born at Payette, Idaho, on Oct. 20, 1919, and Baptized in St. Andrews Evangelical Church of Michawa, Indiana on 26th day of June 1921.
Viewed by V.S.

JUN 2 1981

342-226-038-747

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73862

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. 1008

File No. .....

Registered No. 58

FULL NAME OF CHILD LouElla Marina Luster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robt Luster	Alice Gupton
RESIDENCE	Payette Ida	Payette, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Ill	Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 50 P. M. on the date above stated.

(Signature) J R Woodward, M.D.

(Physician or midwife)

Address Payette Idaho

Filed Oct 27 1919 J C Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-201-038-263

PLACE OF BIRTH Amended Feb 23, 1961

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. 1008

File No. 73863

Registered No. 59

FULL NAME OF CHILD Janet Fae Hinkley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	November 1, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Clarence W. Hinkley	FULL MAIDEN NAME: Golda Fae Sutton
RESIDENCE: Payette, Idaho	RESIDENCE: Payette, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Penn.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) I. R. Woodward, M.D.

(Physician or midwife)

Address Payette, Idaho

Filed Nov 4, 1919 J. C. Woodward

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Multnomah } ss.

Certificate No. 73863

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hinkley (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1919 (Date of Event)

in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of school & of father Oct 25-1960 & Oct 21-1960 (Bible Record, Insurance Policy, Etc.) prepared on and Church (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Janet Fae Hinkley
Full Maiden Name of Mother	Fay Sutton	Golda Fae Sutton

Subscribed and sworn to before me this 1st day of November, 1960

Paul M. Long

Notary Public, residing at Portland, Oregon

My commission expires Dec. 4-1961

(Seal)

Signed Clarence W. Hinkley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2754 SE 103. Portland Ore

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of November, 1960

Paul M. Long

Notary Public, residing at Portland, Oregon

My commission expires Dec. 4-1961

(Seal)

Signed Elizabeth Grace Gough

(Signature of Any Credible Person)

1210 S. W. Park - Apt 33 - Portland - Ore

(Street Address, City, State)

FORM DH 60.155 CL 10-11-60. nm

Statement from V.D. Bain, Director, Department of Child Service, Portland Public Schools, Portland, Oregon - states "This is to certify that Janet Fae Hinkley was enrolled in the Holladay School-Portland, Oregon, during the 1925/26 school year. Her birthdate was given as November 1, 1919 and birthplace as Payette, Idaho. Her parents names are given as Mr. and Mrs. C.W. Hinkley." - viewed by V.S.

Statement from Robert C. Harvey, Associate Pastor, Westminster Presbyterian Church, Portland, Oregon, states "This letter is to advise that we do have a record of Janet Fae Hinkley joining Westminster Presbyterian Church on March 27, 1932. We do not have a record of her baptism as these records were not kept at that time. However, we would presume that she was baptized before joining the church." - viewed by V.S.

Another child's birth certificate on file #93106, affidavit attached rec'd Sept 9, 1921 gives mother's maiden name as Golda Fae Sutton.

Certified copy of marriage license and certificate issued by Washington County Recorder, State of Idaho, Feb 13, 1961: Date of marriage March 29, 1918 at Weiser, Idaho. Name is given as G. Fae Sutton married to Clarence W. Hinkley, viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Form V. S. No. 11-C Rev. 8-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73863

Registration District No. 4

Primary Registration District No. 1008

File No. .....

Registered No. 59

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Nov 1 (Month) (Day) 191 6 (Year)

FATHER		MOTHER	
FULL NAME	Clarence W Hinkley	FULL MAIDEN NAME	Mary Sutton
RESIDENCE	Payette Idaho	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. m. on the date above stated.

(Signature) J P Woodward M. D.

(Physician or midwife)

Address Payette, Ida.

Filed Nov 4 19 19

J C Woodward
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

FEB 23 1961

JUN 1 8 [illegible]

165 – 205 – 038 – 395

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

73864

Registration District No. 4 File No. .....

Primary Registration District No. 1008 Registered No. 60

FULL NAME OF CHILD Verna E. Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	and		Yes	Nov 3 – 1919 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David H Jones	Jessie E Linder
RESIDENCE	Payette Idaho	Payette, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Arkansas	Idaho
OCCUPATION	Miller	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 p. m. on the date above stated.
(Born alive or stillborn)

(Signature) S R Woodward M. D.

(Physician or midwife)

Address Payette, Idaho

Filed Nov. 10 1919 J. C. Woodward
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1958

OCT 2 1959

764-204-038-436

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **73865**

County of Payette

City of Payette

No. 411 So 12 St.

Registration District No. 4

File No.

Primary Registration District No. 1008

Registered No. 61

Hospital

FULL NAME OF CHILD Ruth Marie Pomeroy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Jan. 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. Loren Pomeroy	FULL MAIDEN NAME	Mable E. McFarland
RESIDENCE	Near Falk Ida	RESIDENCE	Near Falk, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Payette, Ida

Filed Nov 25 1919 I. C. Woodward

Registrar

MAR 17 1969

MAR 16 1943

284-225-038-813

Form V. S. No. 11-C—20m-6-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73866

County of Payette

City of .....

No. ..... St.

Hospital .....

Registration District No. 4 File No. .....

Primary Registration District No. 1008 Registered No. 62

FULL NAME OF CHILD Margaret Ethel Shurtleff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl.		Yes	Mar. 25 1919

FATHER	MOTHER
FULL NAME: Vincent Shurtleff	FULL MAIDEN NAME: Sadie Hatfield
RESIDENCE: 7 Miles N. E. of Payette	RESIDENCE: 7 Miles N. E. of Payette
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Colo.
OCCUPATION: Farmer	OCCUPATION: Housewife.

Number of child of this mother, including present birth .... 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) O. K. Avery

Physician
(Physician or midwife)

Address Payette Ida.

Filed Nov. 26 19 19 J. C. Woodward

RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1957

DECEASED

462-230-038-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73867

County of Payette

City of Payette Idaho — Registration District No. 4 — File No.

No. 1016 - 3rd ave N. St. — Primary Registration District No. 1008 — Registered No. 63

Hospital

FULL NAME OF CHILD Doris Jean Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes.	March 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Verle L. Roberts.	Mildred O. Stark.
RESIDENCE	411 - 3rd ave. north	411 - 3rd ave. North.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Nebr.	Idaho.
OCCUPATION	Telegrapher.	Housewife.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) O. F. Avery

Physician
(Physician or midwife)

Address Payette Ida.

Filed Nov 25 19 19 — L. C. Woodward

OCT 8 1941

APR 11 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

73868

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Payette

City of Payette

No. 613 - 213-038 - 689 St.

(If born in hospital or institution give name.)

Registr[redacted] No. [redacted]

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Barbara Jane Walker

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other / 5. Number, in order of birth		Yes	Apr 13, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Paul H. Walker	18. Full maiden name: Grace Blanche White
10. Residence (usual place of abode) (If non-resident, give place and State): Payette, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Payette, Idaho
11. Color or race: White | 12. Age at last birthday: 27 (years)	20. Color or race: White | 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Colorado	22. Birthplace (city or place) (State or Country): Nebraska
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) O.H. Avey O H Avey, M. D.

or ....., Midwife

Address Payette, Idaho

Filed Nov 25, 1919, 193.... I.C. Woodward

Registrar

I.C. Woodward

Registrar

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. ...
...one child at birth a separate [illegible] must be made for each, and the number of each ...

415-217-038-669

73869

Form V. S. No. H-C-[illegible]

PLACE OF BIRTH

County of Payette

City of Payette

No. 117 N 10th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 65

FULL NAME OF CHILD Virginia Eloise Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Apr. 17 1919

FATHER	MOTHER
FULL NAME M. T. Davis	FULL MAIDEN NAME Edith Forbes
RESIDENCE 117 N 10th St, Payette Ida	RESIDENCE 117 N 10th St Payette, Ida
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Kas	BIRTHPLACE Nebraska
OCCUPATION Machinist	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Payette, Ida

Filed Nov 25 1919 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-109-038-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. 1107 N 6th St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73870

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 66

FULL NAME OF CHILD Charles Allen Rose

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 9 1919

FATHER		MOTHER	
FULL NAME	C. A. Rose	FULL MAIDEN NAME	Stella McCullough
RESIDENCE	1107 N. 6th St. Payette, Ida	RESIDENCE	1107 N 6th St, Payette, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette, Ida

Filed Nov 25 1919 J. C. Woodward Registrar

281 - 213 - 038 - 859

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. 7th Ave. N. near River St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

Registration District No. 4

Primary Registration District No. 1008

File No. 73871

Registered No. 67

FULL NAME OF CHILD Vanera Vivian Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes.	May 13 1919

FATHER	MOTHER
FULL NAME L. L. Shaw.	FULL MAIDEN NAME Lola Hershey
RESIDENCE 7th Ave. N. near River St. Payette	RESIDENCE 7th Ave. N. near River St. Payette
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Washington
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 26 1919 J. G. Woodward

Registrar

365 T. 21S -038-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. 1231 2nd Ave So St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 4 — File No. 73872

Primary Registration District No. 1008 — Registered No. 68

FULL NAME OF CHILD Virginia Lowndes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	May 15 1917

FATHER

FULL NAME: Ira Lowndes

RESIDENCE: 1231 2nd Ave So, Payette

COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Indiana

OCCUPATION: School Teacher.

MOTHER

FULL MAIDEN NAME: Reera Cree.

RESIDENCE: 1231 2nd Ave So Payette

COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 — Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), on the date above stated, at 4:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O. H. Avery

Physician

(Physician or midwife)

Address Payette, Idaho

Filed Nov 25 1919 L. R. Woodward Registrar

MAY 5 1965

APR 19 1945

693-120-038-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Payette

City of Payette

No. 109 N 4th St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 73873

Registered No. 69

FULL NAME OF CHILD Unnamed

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		1	Yes	Oct Aug 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ora F Wilkin	FULL MAIDEN NAME	Fenora F. Fitzgerald ~~Ora F Wilkin~~
RESIDENCE	109 N 4th St Payette Idaho	RESIDENCE	109 North Ninth St Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Nov 26 1919. J. C. Woodward

693-120-038-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. 109 N. 9th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 4 File No. 73874

Primary Registration District No. 1008 Registered No. 70

FULL NAME OF CHILD Unnamed

Sex of Child	Twin ~~Triplet~~ ~~Quadrupl~~ and Number in order of birth	Legitimate?	Date of Birth
Male	2nd (To be answered only in event of plural births)	Yes	Aug. 20 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Ora F. Wilkin	FULL MAIDEN NAME: Lenora Fitzgerald
RESIDENCE: 109 N 9th St Payette Idaho	RESIDENCE: 109 North Ninth St Payette Id
COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette, Idaho

Filed Nov 26 1919 I. B. Woodward

Registrar

413-224-038-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. 1626 Center Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 73875

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 71

FULL NAME OF CHILD Eloise Crete Mackey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 24 1919

FATHER	MOTHER
FULL NAME H. J. Mackey	FULL MAIDEN NAME Crete Wilcox
RESIDENCE 1626 Center Ave Payette	RESIDENCE 1626 Center Ave Payette
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Colorado
OCCUPATION Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 7 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. N. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Payette Idaho

Filed Nov 25 1919 J. O. Woodward

Registrar

FEB 5 1942

695-202-038-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73876

County of Payette

City of ..... Registration District No. 4 File No. .....

No. ..... St. Primary Registration District No. 1008 Registered No. 72

Hospital .....

FULL NAME OF CHILD Jessie Elizabeth Windle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 2 1919

FATHER	MOTHER
FULL NAME Geo Windle	FULL MAIDEN NAME Jessie Calkins
RESIDENCE 5 mi North of Payette,	RESIDENCE 5 mi north of Payette
COLOR White AGE AT LAST BIRTHDAY 55 (Years)	COLOR White AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

(Signature) O. H. Avery

Physician

(Physician or midwife)

Address Payette Idaho

Filed Nov 26 19 19 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

817 - 212 - 038 - 124

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1239 N 6th St.

Hospital

Registration District No. 4

File No. 73877

Primary Registration District No. 1008

Registered No. 73

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 12 1919

FATHER		MOTHER	
FULL NAME	Adolph Hagaman	FULL MAIDEN NAME	Mary Ammann
RESIDENCE	1239 N 6th st, Payette	RESIDENCE	1239 N 6th st, Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Nebraska
OCCUPATION	Milker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician
(Physician or midwife)

Address Payette, Ida

Given names added from a supplemental report.

19

Registrar

Filed Nov 25 1919 J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-214-038-869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. 1031 N. 6th St.

Hospital

Form V. S. No. 11-C—Rev-8-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73878

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 74

FULL NAME OF CHILD ~~Unannounced~~ Ella LaRena Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl.		Yes.	Sept 14 1919

FATHER

FULL NAME Fred Christensen

RESIDENCE Payette Oregon Route

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Minn.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ella Horne

RESIDENCE Payette Oregon Route

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O. H. Avey

Physician (Physician or midwife)

Address Payette, Idaho

Filed Nov 26 1919 S. E. Woodward Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Payette

Certificate No. 73878

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Christensen (girl child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 14, 1919 (Date of Event)

in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ella LaRena Christensen

Subscribed and sworn to before me this 6th day of July, 1965

Ione Kaby

Notary Public, residing at Payette, Idaho

My commission expires Feb 1, 1969

(Seal)

Signed Fred P Christensen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

416 No 16th - Payette, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur

[This Affidavit MUST Also Be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July, 1965

Leland B Coleman

Notary Public, residing at Notary Public for Oregon

My commission expires My commission expires Nov. 30, 1967

(Seal)

Signed Gerald E Kerr

(Signature of Any Credible Person)

440 So Ore - Ontario, Ore

(Street Address, City, State)

FORM DH 60-155

CL 7-2-65. one copy pd. rec. #16649.

Certificate of Marriage gives name as Ella LaRena Christensen. Married Dec. 25, 1938 in Payette, Idaho.
Viewed by V. S.

JUL 12 1965

Child's birth certificate gives maiden name of mother as Ella laRena Christensen/ Child born Sept. 1, 1948 Weiser, Idaho.
File # 48-11506
Viewed by V. S.

235-113-038-231

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Hospital

Registration District No. 4 File No. 73880

Primary Registration District No. 1008 Registered No. 76

FULL NAME OF CHILD Robert Earl Sterling

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct. 13. 1919

FATHER		MOTHER	
FULL NAME	Jos Sterling	FULL MAIDEN NAME	Dorothy Blair
RESIDENCE	Ontario, Oregon	RESIDENCE	Ontario, Oregon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	COLOR	White
OCCUPATION	Labor	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Wyoming
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Ave

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette, Ida.

Filed Nov 25 1919 J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1962

DEC 9 1968

619 - 109 - 038 - 314

Form V. S. No. 41-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 5 So 13th St.

Hospital

Registration District No. 4 File No. 73881

Primary Registration District No. 1008 Registered No. 77

FULL NAME OF CHILD Jack Russell Farber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 9 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Earl Farber	FULL MAIDEN NAME: Ethel ~~Nannie~~ Lamplin
RESIDENCE: 5 So 13 St. Payette.	RESIDENCE: 5 So 13th St. Payette
COLOR: White AGE AT LAST BIRTHDAY 28 (Years)	COLOR: White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Missouri
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Payette, Idaho.

Registrar

Filed Nov 25 1919 J. C. Woodward Registrar

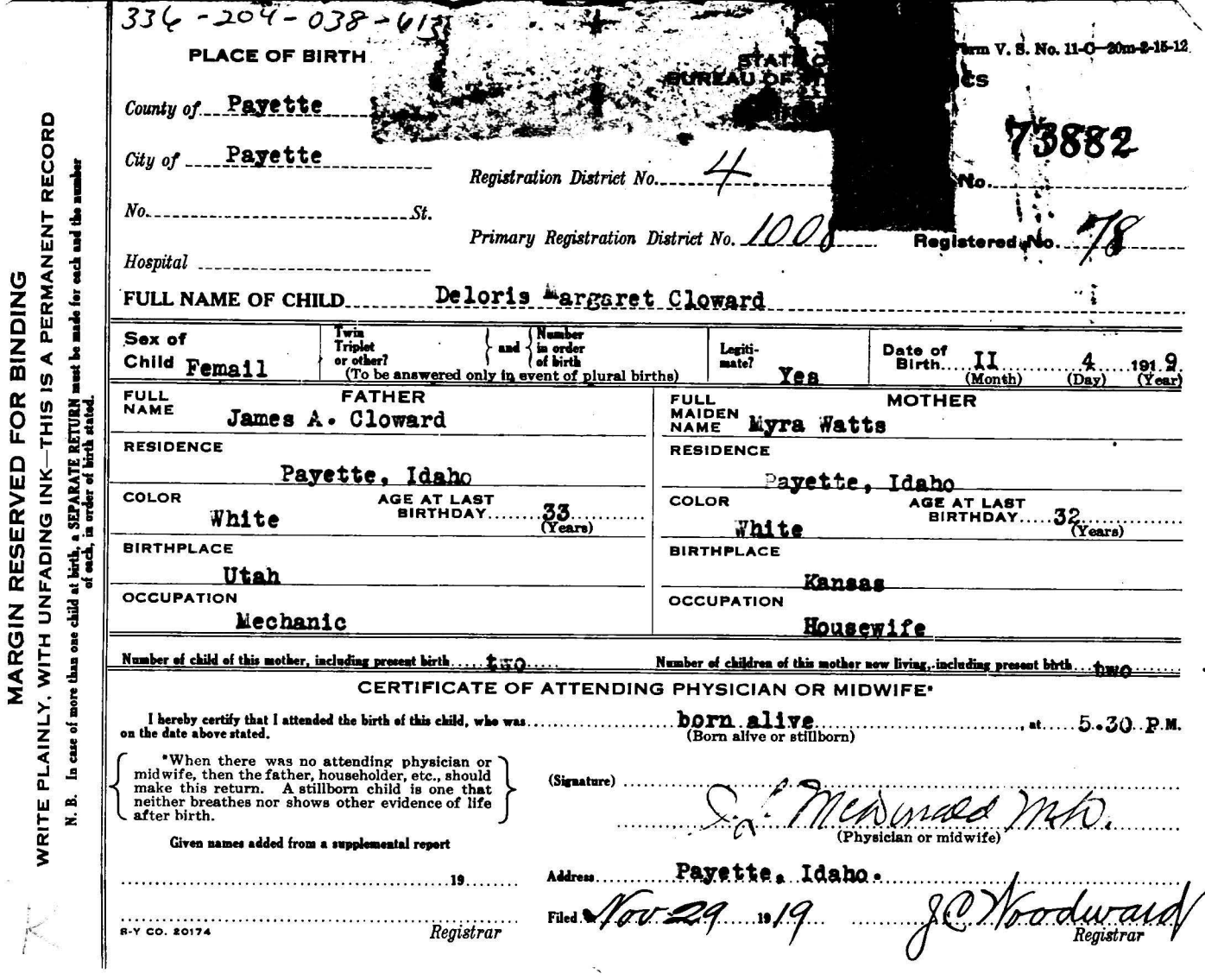
MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1972

DEC 11 1972



336-204-038-613

PLACE OF BIRTH

STATE O[redacted]
BUREAU OF [redacted]CS

[redacted]rm V. S. No. 11-C—20m-2-15-12

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 [redacted] No. 73882

Primary Registration District No. 1008 Registered No. 78

FULL NAME OF CHILD Deloris Margaret Cloward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Femail		Yes	II (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James A. Cloward	FULL MAIDEN NAME	Myra Watts
RESIDENCE	Payette, Idaho	RESIDENCE	Payette, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Payette, Idaho.

Filed Nov 29 1919

J. C. Woodward
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

963-223-038-714

PLACE OF BIRTH

[illegible] V. S. No. II-C [illegible]m-2-15-12

[illegible]

County of Payette

City of Payette

Registration District No. 4

73883

No. St.

Amended 4/25/78

Hospital

Primary Registration District No. 1008

Registered No. 79

FULL NAME OF CHILD Patricia Rotering

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	II (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Elmo N. Rotering	FULL MAIDEN NAME	Jean A. Gauer
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mo.
OCCUPATION	Electrition	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at II.55 PM. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald M.D. (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Payette, Idaho.

Filed Nov 29 1919

J C Woodward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/18/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. APR 25 12 28 PM '78

County of ..... }

Certificate No. 73883

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Rotering (Name on Original Certificate) who was born (Was Born or Died) on Nov. 23, 1919 (Date of Event)

in B Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Roetring	Patricia Rotering
Mother's name	Jean A. Gaur	Jean A. Gauer
Sex	Femail	Female

Subscribed and sworn to before me this 18th day of April, 19 78.

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1225 N Allson, Boise, ID 83704 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Transcript from University of Idaho dated 8/11.70 gives name of Student as Patricia Rotering, Mother listed as Jean Gauer Rotering. viewed by V.S.

Child's birth certificate issued by the State of Idaho 3/13/49 gives name of Mother as Patricia Rotering. viewed by V.S.

APR 25 1978

418-210-038-943 AMENDED FATHER'S NAME 6-7-99 MS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73884

County of Payette

City of Twin Near Plymouth Registration District No. 5 File No.

No. St. Primary Registration District No. 2009 Registered No. 38

Hospital

FULL NAME OF CHILD LUCILLE MAY DAY

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	Nov 10 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	STANLEY ROBERT DAY Robert Stanley Day	Bertha Rietzer
RESIDENCE	Twin Near Plymouth	with husband
COLOR / AGE AT LAST BIRTHDAY (Years)	W / 37	W / 30
BIRTHPLACE	England	Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Nov 19 19 Wm J. Drysdale

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF FLORIDA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1942

4/13/99

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
99 JUN -7 PM 12:34

State of Id
County of Canyon } ss.

Certificate No. #19-73884
Date Filed NOV. 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for LUCILLE MAY DAY (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 10, 1919 (Date of Event)

in NEW PLYMOUTH, IDAHO(PAYETTE) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
FATHER'S NAME	ROBERT STANLEY DAY	STANLEY ROBERT DAY

Subscribed and sworn to before me this 3rd day of June 1999

Notary Public, [signature]
Residing at 10-8-03 Meridian Id
My commission expires 10-8-03
(Seal)

LINDA TEASLEY NOTARY PUBLIC STATE OF IDAHO

Lucille May Keelaugh
Signature of Applicant

115 Ogden, Apt 210 Nampa ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 3/10/1921 FILE #1921-87091 SHOWS THE FATHER'S NAME AS STANLEY ROBERT DAY VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 7/9/1963 FILE #63-2565 SHOWS STANLEY R. DAY DIEC JUNE 12, 1963 IN NAMPA (CANYON) ID VIEWED VS.

396-223-538-389

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73885

PLACE OF BIRTH

County of Payette

City of 4 mi N. W. New Plymouth

Registration District No. 5

File No.

No. St.

Primary Registration District No. 2009

Registered No. 39

Hospital

FULL NAME OF CHILD ELIZABETH LOUISE Cronholm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov 23 1919

FATHER		MOTHER	
FULL NAME	Thure Cronholm	FULL MAIDEN NAME	Esther Christensen
RESIDENCE	4 mi W. New Ply-	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweeden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.15 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth Ida

19

Filed Dec 15 1919 Wm T. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Barbara }

Certificate No. 73885

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Elizabeth Louise Cronholm (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Nov 23, 1919 (DATE OF EVENT)
in New Plymouth (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 25, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Elizabeth Louise Cronholm

Subscribed and sworn to before me this 25th day of November, 19 42

Notary Public, residing at Orcutt, Calif.

My commission expires Jan 24-1944
(SEAL)

Signed Thure Cronholm, Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Orcutt, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 1 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. DEC 16 1942
County of Monterey }

Certificate No. 73885

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Unnamed (Name on Original Certificate) who (Was Born) on Nov. 23, 1920 (Date of Event)
in New Plymouth (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elizabeth Louise Cronholm

Subscribed and sworn to before me this 9th day of December, 1942.
C F Dake
Notary Public, residing at Salinas Calif.
My commission expires Jan 1st 1945
(Seal)

Signed Vivien Bragg - elder sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) formerly Evelyn Cronholm
793 Elkington Ave East Salinas Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

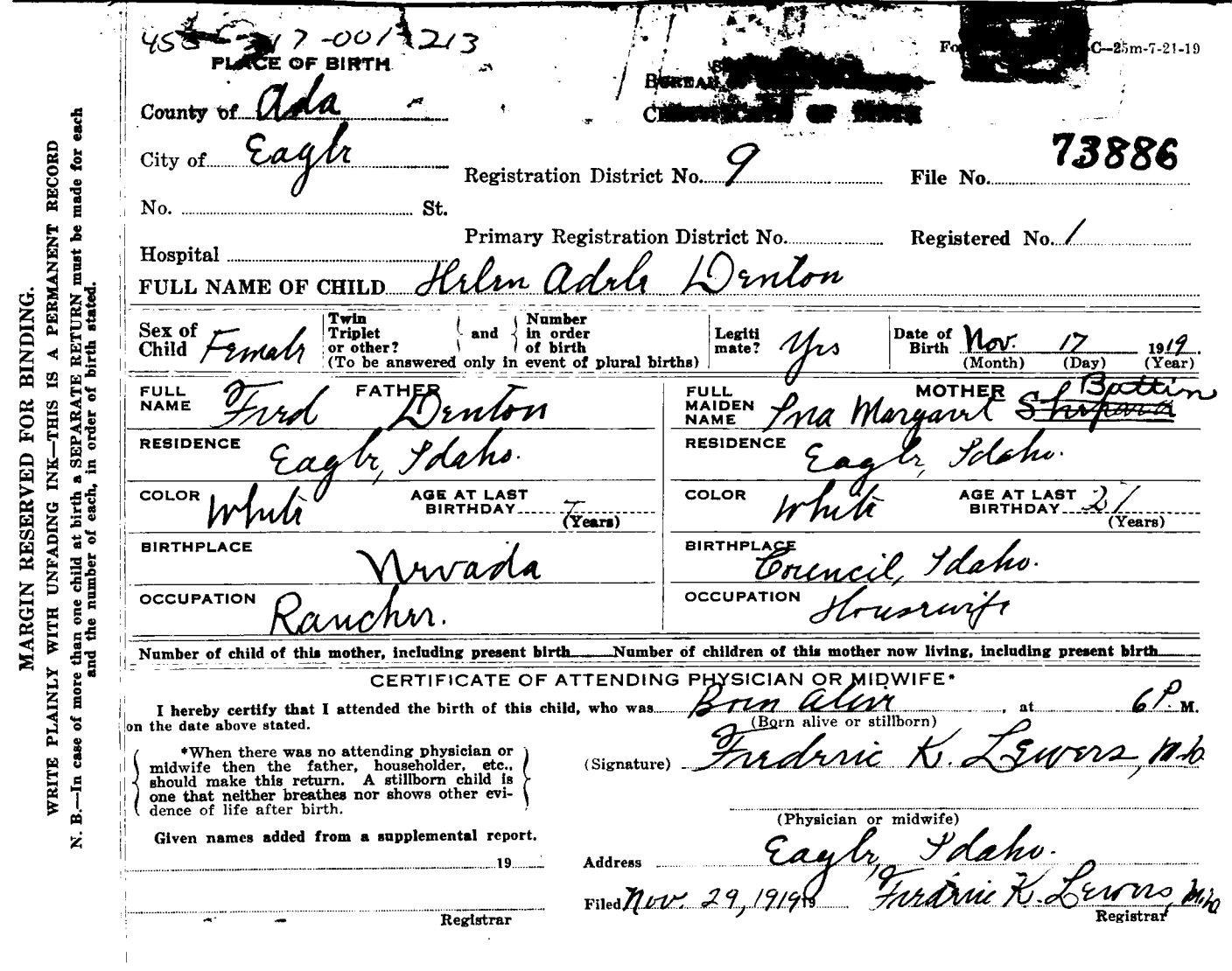
State of California } ss.
County of Monterey }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of December, 1942.
C F Dake
Notary Public, residing at Salinas California
My commission expires Jan 1st 1945
(Seal)

Signed Lester P Bragg
(Signature of Any Credible Person Other Than Previous Year)
793 Elkington Ave East Salinas Calif
(Street Address, City, State)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45[illegible]-17-001213

PLACE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

Registration District No. 9 File No. 73886

Primary Registration District No. ..... Registered No. 1

FULL NAME OF CHILD Helen Adele Denton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Nov. (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred Denton	FULL MAIDEN NAME	Ina Margaret ~~Shepard~~ Battin
RESIDENCE	Eagle, Idaho.	RESIDENCE	Eagle, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	7 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Council, Idaho.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frederic K. Lewers, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Eagle, Idaho.

Filed Nov. 29, 1919 19 Frederic K. Lewers, M.D.

Registrar

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

County of [redacted]

APR 9 1970

IN THE DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

IN THE MATTER OF THE BIRTH CERTIFICATES

of

ETHEL FRANCES DENTON and HELEN ADELLE DENTON

A N A F F I D A V I T

I, Ina M. Wood, being first duly sworn, on my oath depose and say that I am the mother of Ethel Frances Denton, who was born at Midvale, Idaho on the 29th day of November, 1917, and the mother of Helen Adelle Denton, who was born at Eagle, Idaho on the 17th day of November, 1919.

That my maiden surname was Battin and until my marriage to Shepard I was known by the name of Ina Margaret Battin, and my maiden name was thus given in the birth record of Helen Adelle Denton. That prior to the birth of my daughter, Ethel Frances Denton, my first husband ~~became deceased and I subsequently~~ married Fred Denton who is the father of both of my aforesaid named daughters and who is now deceased. That in the birth record of Ethel Frances Denton, through a misunderstanding, I gave as my maiden name Ina Margaret Shepard, whereas same should have been Ina Margaret Battin.

That the name Shepard appearing in said certificate as my surname was an error and it was due to my not understanding the full import and meaning of the requirement that my maiden surname should be inserted and not my surname as acquired at the time of ~~my marriage to said~~ Shepard.

That both of my aforesaid husbands are now deceased and I am at this time the wife of Albert Wood.

Dated this 4th day of December, 1935.

Ina M. Wood.

STATE OF OREGON)
COUNTY OF MARION) SS:

Subscribed and sworn to by the said Ina M. Wood on this 4th day of December, 1935.

Notary Public for Oregon

My commission expires March 22, 1937.

294-118-030-432

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATI[illegible]

[illegible] V.S. No. [illegible]-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lemhi

City of Leadore

Registration District No. 42

File No. 73887

No. _____ St.

Primary Registration District No. 2153

Registered No. 2

Hospital _____

FULL NAME OF CHILD Samuel Elmer Sims

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Samuel W. Sims	FULL MAIDEN NAME	Minnie McKalis
RESIDENCE	Lemhi, Idaho	RESIDENCE	Lemhi, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Minnesota
OCCUPATION	rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Leadore, Idaho.

Filed 11/29 1919 Geo F Christoy

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 11 1942

791-202-038-249

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73888

County of Payette

City of 4 mi E. New Plymouth

Registration District No. 5

File No.

No. ..... St.

Primary Registration District No. 2009

Registered No. 34

Hospital

FULL NAME OF CHILD Joyce Lorraine Grote

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	Oct 2 1919

FATHER		MOTHER	
FULL NAME	Floyd A. Grote	FULL MAIDEN NAME	Cecilia Burns
RESIDENCE	4 mi E. New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale MD

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth, Ida.

..... 19

Filed Nov. 10 1919 Wm T. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1942

791-212-038-433

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73889

County of Payette

City of 4 mi W. New Plymouth

Registration District No. 5

File No.

No. St.

Primary Registration District No. ~~35~~ 2009

Registered No. 35

Hospital

FULL NAME OF CHILD DELLA INA Grabner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Oct 12 1919

FATHER		MOTHER	
FULL NAME	L. A. Grabner	FULL MAIDEN NAME	Maude McCoy
RESIDENCE	4 mi W. New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth Ida

19

Filed Nov 15 1919

Wm J. Drysdale
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Payette } ss.

Certificate No. 73889

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Grabner (Name on Original Certificate) who born (Was Born or Died) on October 12, 1919 (Date of Event)
in Payette County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on immediately after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Grabner	Della Ina Grabner

Subscribed and sworn to before me this 24th
day of March, 1942.
W.R. McClure
Notary Public, residing at Payette, Idaho.
My commission expires July 5, 1944.
(Seal)

Signed Maude Grabner
(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.~~)
Payette, Idaho. Rt.#1.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, }
County of Payette. } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of March, 1942.
W.R. McClure.
Notary Public, residing at Payette, Idaho.
My commission expires July 5, 1944.
(Seal)

Signed La Grabner
(Signature of Any Credible Person Other Than Previous Year)
Payette, Idaho. Rt.#1.
(Street Address, City, State)

MAR 26 1942

238-213-038-239 amend 6-17-82

PLACE OF BIRTH

County of Payette

City of New Plymouth

No. _____ St.

Hospital _____

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

73890

Registration District No. 5

File No. _____

Primary Registration District No. 2009

Registered No. 36

Full Name of Child Eileen Frieda Schweigert

SEX OF CHILD: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate?

DATE OF BIRTH: Oct. 13 (Month) (Day) 19 19 (Year)

FATHER

FULL NAME: Reinald Schweigert

RESIDENCE: 4 mi W. New Plymouth

COLOR: W

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Russia

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Rosa Blind

RESIDENCE: 4 mi W. of New Plymouth

COLOR: W

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Russia

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Reese M.D

(Physician or midwife)

Address Ontario - Oregon

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 15 19 19 Wm H Drysdale

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1967

4-12-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of Sacramento } ss.

Certificate No. 73890
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Schweikert (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-13-19 (Date of Event)

in New Plymouth (Payette) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Schweikert	Eileen Frieda Schweigert
fathers name	Reinald Schweikert	Reinhold Schweigert
sex of child	male	Female

Subscribed and sworn to before me this 21st day of April, 1982.

Notary Public, Evelyn Massa

Residing at 1121 Stockton Bl Sac 95823

My commission expires 6-21-83

(Seal) Evelyn Massa NOTARY PUBLIC - CALIFORNIA SACRAMENTO COUNTY My comm. expires JUN 21, 1983

OFFICIAL SEAL Evelyn Massa NOTARY PUBLIC - CALIFORNIA SACRAMENTO COUNTY My comm. expires JUN 21, 1983

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

Endorsement for Automobile Ins Policy of Premier Ins Co. gives insureds name as Reinhold Schweigert. Effective date 3-8-71. Viewed by V.S.

JUN 17 1982

California Dept of Motor Vehicles Registration Card gives Registered owner as Reinhold Schweigert. Date issued 2-9-71. Viewed by V.S. # 162077

AUG 12 1982

Statement from Galt Joint Union School District dated June 2, 1982 states they have record of Eileen Frieda Schweigert daughter of Ronald Schweigert attending schools during the 1930-31 school year. Viewed by V.S.

War Ration Book given to Eileen F Bennett Ration Book #854176 issued during World War II. Viewed by V.S.

Addressed to Mrs. Bennett.

446-101-006-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of ~~Aberdeen~~ Springfield

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73892

Registration District No. 116 File No. 9

Primary Registration District No. 2195 Registered No. 825

FULL NAME OF CHILD Clarence Harlow Duffin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—			Yes	Nov 1 19 9

FATHER		MOTHER	
FULL NAME	Clarence Duffin	FULL MAIDEN NAME	Jennie Barlow
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. C. Merkinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 1. 19 19 [illegible]

Registrar

STAT
BUREAU OF

JAN 11 1946

PLACE OF BIRTH

296-227-038-434

PLACE OF BIRTH

County of Payette

City of New Plymouth

No. 2 mi. west St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

73891

Registration District No. 5

File No.

Primary Registration District No. 2009

Registered No. 37

Full Name of Child Ruth LaVerle Browning

SEX OF CHILD female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH Oct. 27 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME David J. Browning	FULL MAIDEN NAME Libbie E. McMinn
RESIDENCE New Plymouth	RESIDENCE New Plymouth
COLOR w AGE AT LAST BIRTHDAY 34 (Years)	COLOR w AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Weese

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ontario — Oregon

Filed Nov 20 — 1919 Wm T Dryden

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1949

219-207-006-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 73893

Registration District No. 116 File No. 9

Primary Registration District No. 2155 Registered No. 426

FULL NAME OF CHILD Ethelyn Barbre

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Nov 7 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Christopher Henry Barbre	Essie Burrell
RESIDENCE	Aberdeen Ida	Aberdeen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Merriman MD

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Nov 7 19 18 M. C. Merriman

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 73893

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed (Name on Original Certificate) who born (Was Born or Died) on November 7, 1919 (Date of Event) in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ethelyn Barbre

Subscribed and sworn to before me this 17th day of January 1966

Milton S. Russell
Notary Public, residing at Pocatello, Idaho
My commission expires 4-8-69
(Seal)

Signed James A. Barbre (BROTHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

180 BERRYMAN RD. POCATELLO, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lowrock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of January 1966

Milton S. Russell
Notary Public, residing at 4-8-69 Pocatello Idaho
My commission expires 4-8-69
(Seal)

Signed Clarence E. Bodkin (Brother in law)
(Signature of Any Credible Person)

Virginia Idaho
(Street Address, City, State)

FORM DPH 55.155 NNCL 8-27-58. one copy pd.

Own Childs Birth Cert. on file: (Idaho Birth) #348766 gives full maiden name of mother as Ethelyn Barbre - viewed by V.S.

MAR 3 1966

Statement from Mrs. Sumi Kanomata (Secretary), Class A School District No. 25, Pocatello, Idaho statement written Feb. 26, 1962 states "This is to certify that our school record of September 12, 1927, shows the following information concerning Ethelyn Barbre: School: Whittier - Grade: 2nd - Birthdate: November 7, 1919 - Birthplace: Not Given - Parent: C.H. Barbre"-viewed by V.S.

764-112-006-962

Form V. S. 11-C 8-17

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 116 File No. 73894

Primary Registration District No. 2195 Registered No. 427

FULL NAME OF CHILD LLOYD WAYNE GOUGH

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Nov 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Cyrus Gough	FULL MAIDEN NAME	Melinda Robinson
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Cunningham M.D.

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen Ida

Filed Nov 12 1919 M. Cunningham

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls

OCT 25 1941
RECEIVED

Certificate No. 73894
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Lloyd Wayne Gough (Name on original certificate) who Born (Was born or died) on November 12th 1919 (Date of event) in Sterling, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on November 15th, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Gough	Lloyd Wayne Gough

Subscribed and sworn to before me this 23rd day of October, 1941

E. L. Gough
Notary Public, residing at Buhl, Idaho
My commission expires March/15th/1945
[SEAL]

Signed J. C. Gough John Cyrus Gough
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

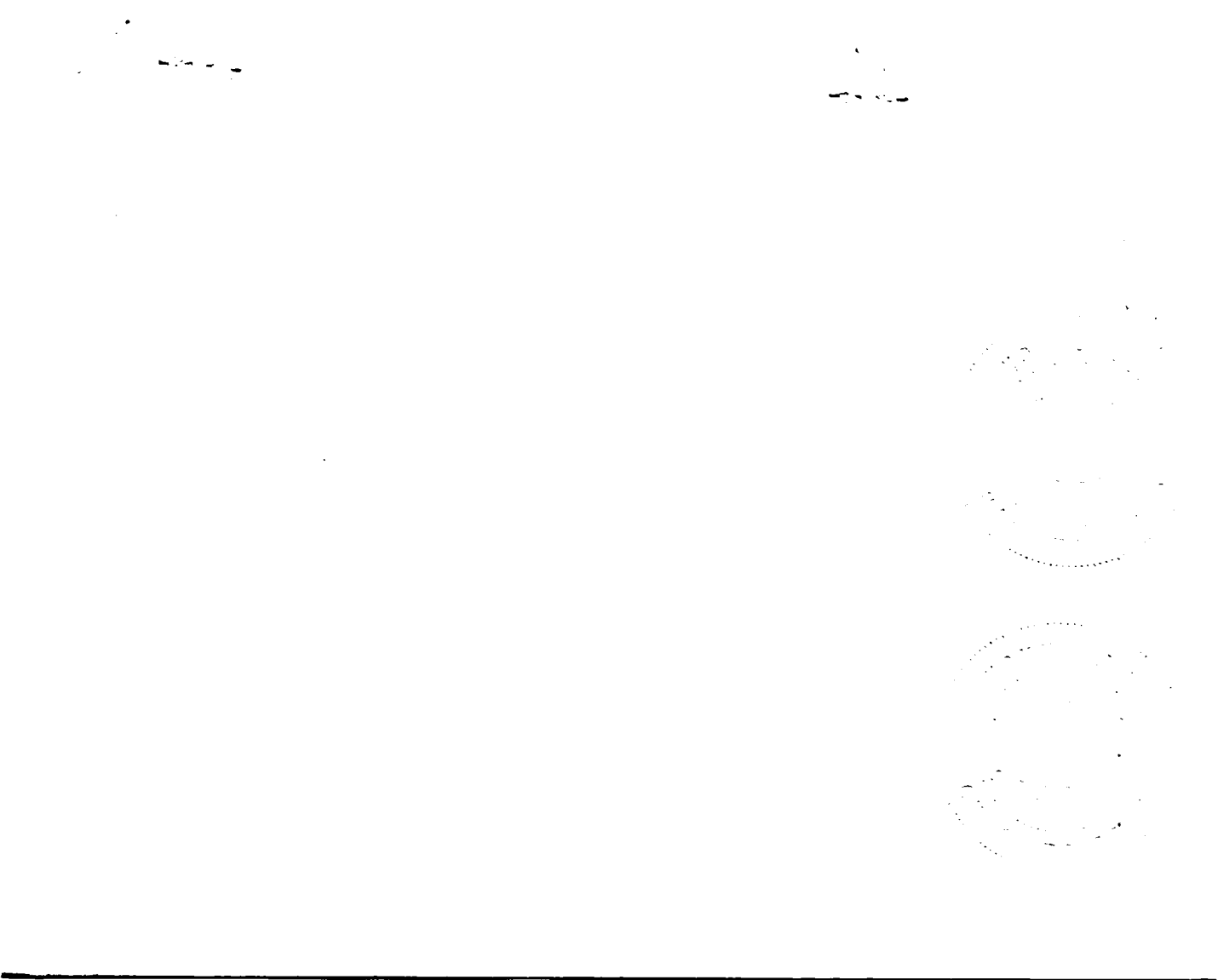
Subscribed and sworn to before me this 23rd day of October, 1941

E. L. Gough
Notary Public, residing at Buhl, Idaho
My commission expires March/15th/1945
[SEAL]

Signed* Melinda Robinson
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)



719-222-006-955

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 116

Primary Registration District No. 2195

File No. 73895

Registered No. 428

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Nov 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Andonette Parsons	FULL MAIDEN NAME	Virginia Maria Reece
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mont
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McInnes Kinnon, M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 24 1919 McInnes Kinnon Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-224-006-194

Form V. S. No. 11-C—~~Rev. 9-8-17~~

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73896

County of Bingham

City of Sterling

No. ..... St.

Registration District No. 116 File No. .....

Primary Registration District No. 2153 Registered No. 429

Hospital ..... Lenore Teichert

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Nov 24 [illegible]

(To be answered only in event of plural births)

FATHER

FULL NAME	Julius Teichert
RESIDENCE	Sterling Ida
COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Colorado
OCCUPATION	farmer

MOTHER

FULL MAIDEN NAME	Edith Cannon
RESIDENCE	Sterling Ida
COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebraska
OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at [illegible] A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. MacKinnon M.D.

Physician (Physician or midwife)

Address Aberdeen Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-24 19 M. MacKinnon Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-124-006-365

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 116 File No. 73897

Primary Registration District No. 2195 Registered No. 430

FULL NAME OF CHILD ROBERT LOUIS DIRKS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Nov 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William P. Dirks	FULL MAIDEN NAME	Magdalena Toevs
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	South Dakota	BIRTHPLACE	Kansas
OCCUPATION	Clerk in General Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCiner Kinnon M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 11-24 1919 McCiner Kinnon Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

FEB 13 1942

Certificate No. 73897

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Dirks (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 24, 1919 (DATE OF EVENT)
in Aberdeen, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Dirks	Robert Louis Dirks

Subscribed and sworn to before me this 11th
day of February, 19 42

Gertrude M. Bruppacher
Notary Public, residing at Aberdeen Ida

My commission expires March 1 1942
(SEAL)

Signed Magdalena Dirks
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Aberdeen, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11
day of February, 19 42

Notary Public, residing at Aberdeen Idaho

My commission expires March 1 1942
(SEAL)

Signed Margaret E Grasbrecht
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Aberdeen, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 13 1942 By
(REGISTRAR'S SIGNATURE)

MAY 23 1962

266-229-006-317

Form V. S. No. 11-C—28m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73898

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 431

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Nov. 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William James Bowman	FULL MAIDEN NAME	Mary Amanda Taggart
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Aberdeen Ida

..... 19 .....

Filed 11-29 1919 McMacKinnon

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-129-006-697

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73899

Registration District No. 116 File No. 7

Primary Registration District No. 2195 Registered No. 432

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	Yes	Nov 29 1919

FATHER		MOTHER	
FULL NAME	Valdemar Johann Larson	FULL MAIDEN NAME	Elmina Elizabeth Wight
RESIDENCE	Pingree Ida	RESIDENCE	Pingree Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCmer Kinnon M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Filed Nov 29 1919 McCmer Kinnon

Registrar

Registrar

Given names added from a supplemental report.

..... 19.....

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-119-029-314

PLACE OF BIRTH

County of Latah

City of Bovill

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73901

Registration District No. 66 File No. 20

Primary Registration District No. 2146 Registered No. ____

FULL NAME OF CHILD James Edward Donner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Nov. (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lee Donner	FULL MAIDEN NAME	Rosa Lange
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Canada
OCCUPATION	Stationary engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Filed Nov. 19 19 Mrs F. C. Gibson

Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1953

763-211-029-364

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73902

County of Latah

City of Bovill

Registration District No. 66 File No. 19

No. St.

Primary Registration District No. 2146 Registered No.

Hospital

FULL NAME OF CHILD Frances Mable Pollock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11 — 11 1919

FATHER	MOTHER
FULL NAME: William Breckenridge Pollock	FULL MAIDEN NAME: Jessie Margaret Londerman
RESIDENCE: Bovill Idaho	RESIDENCE: Bovill Idaho
COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: North Dakota
OCCUPATION: Machinist	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Filed 11/25 1919 Geo F. C. Gibson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANEN MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the name of each, in order of birth stated.

617-207-029-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73903

County of Latah

City of Bovill

Registration District No. 66 File No. 18

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital Bovill Hosp.

FULL NAME OF CHILD Bernita Agnes Fagnan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Louis Fred Fagnan	FULL MAIDEN NAME	Clara Chaussee
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	South Dakota
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Bovill Idaho

Filed 11/28 1919 Mrs F. C. Gibson Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1970

JUN 1 [illegible] 1947

693-103
035-734

[redacted]E OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73904

County of Nez Perce

City of Summit

Registration District No. 92

File No. 7

No. ..... St.

Primary Registration District No. 2170

Registered No. 25

Hospital .....

FULL NAME OF CHILD Larry Gene Wicks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	—	Yes	11 (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jacob H Wicks	FULL MAIDEN NAME	Iris Plumber
RESIDENCE	Summit	RESIDENCE	Summit
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	Grain inspector	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 11-3 1919

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1945

993-204-035-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73905

Registration District No. 92 File No. 7

Primary Registration District No. 2170 Registered No. 26

FULL NAME OF CHILD Wilma Pearl Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S	—	yes	11 4 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Owen G Rice	Pearl Denham
RESIDENCE	Gifford	Gifford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	W. Va.	Miss
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-4 1917 E. E. Watts Registrar

JUL 24 1942

612-104-035-314

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73906

County of Kootenai

City of Melrose

Registration District No. 92 File No. 7

No. ____ St.

Primary Registration District No. 2170 Registered No. 27

Hospital ____

FULL NAME OF CHILD Baby Wasco

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	10 - 4 - 19

FATHER		MOTHER	
FULL NAME	Edward Wasco	FULL MAIDEN NAME	Grace Lawson
RESIDENCE	Melrose	RESIDENCE	Melrose
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 A. M. on the date above stated.

(Signature) Th. Atwood Gore, M. D.

(Physician or midwife)

Address Penrose, Ida Ko.

Filed 11-22 1919

E. E. Watts
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-126-035-291

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 73907

County of Nez Perce

City of Gifford

No. ..... St.

Registration District No. 92 File No. 7

Primary Registration District No. 2170 Registered No. 28

Hospital .....

FULL NAME OF CHILD Robert Lee Rice

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	N		yes	11 26 1919

FATHER		MOTHER	
FULL NAME	Chas E Rice	FULL MAIDEN NAME	Anna Brammer
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 11-26 1919 E. E. Watts Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[illegible] 9-8-17

[illegible]

[illegible]

73908

County of [illegible]

City of Gifford

No. 249-202-035-399 St.

Hospital

Registration District No. 92

File No. 7

Primary Registration District No. 2170

Registered No. 19

FULL NAME OF CHILD Hazel Mildred Buis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
T	S		—	Yes	11 (Month) – 2 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Homer Buis	FULL MAIDEN NAME	Haz Triplett
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

Address

19

Registrar

Filed 11-2 1919

E. E. Watts

Registrar

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce

OCT 7 1941

Certificate No. 73908
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Hazel Mildred Buis (Name on original certificate) who born (Was born or died) on Nov 2, 1919 (Date of event) in Gifford (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Nov. 2, 1937 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Buis	Hazel Mildred Buis

Subscribed and sworn to before me this 2 day of Oct, 1941

John L. Phillips
Notary Public, residing at
My commission expires
[SEAL]

Signed Hazel W. Buis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

613 Sn. Rv. ave Lewiston Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of Oct, 1941

John L. Phillips
Notary Public, residing at Lewiston, Ida
My commission expires 6-21-45
[SEAL]

Signed Ella Triplett
(Signature of any credible person other than the previous affiant.)

613 - Snake Riv. Ave. Lewiston, Ida.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 10 1941

194-209-035-818

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73910

County of Nez Perce

City of Southwick

Registration District No. 92 File No. 7

No. St.

Primary Registration District No. 2170 Registered No. 20

Hospital

FULL NAME OF CHILD Doris May Armitage

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	\		\	Yes	Oct 9 1917

FATHER		MOTHER	
FULL NAME	Thomas J Armitage	FULL MAIDEN NAME	Rachel A Hayward
RESIDENCE	Southwick	RESIDENCE	Southwick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.P M. on the date above stated.

(Signature) Russell Truitt

Phys (Physician or midwife)

Address Southwick Idaho

Filed 11-3 1917

E. E. Watts
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1959
SEP 25 1959

219-216-035-212

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73911

County of Nez Perce

City of Southwick Ida.

Registration District No. 92 File No. 7

No. ..... St.

Primary Registration District No. 2170 Registered No. 22

Hospital .....

FULL NAME OF CHILD Anna Bernedine Kazda

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		2	yes	Oct. 16. 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rudolph A. Kazda	FULL MAIDEN NAME	Mary Josephine Basta
RESIDENCE	Southwick Ida.	RESIDENCE	Southwick Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bohemian	BIRTHPLACE	Bohemian
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Stonebumer M D

Physician (Physician or midwife)

Address Leland Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11-3 1919

E E Watts Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1966

MAR 10 1967

851-113-035-433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73912

County of Reg. Perce

City of Southwick

Registration District No. 92 File No. 7

No. ..... St.

Primary Registration District No. 2170 Registered No. 21

Hospital .....

FULL NAME OF CHILD John Heath

Sex of Child Male | Twin Triplet or other? one and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept. 13. 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur F. Heath	FULL MAIDEN NAME	Mable M. McCoy
RESIDENCE	Southwick Ida.	RESIDENCE	Southwick Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Southwick Ida.	BIRTHPLACE	Kirwin Kas.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bron Alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Stoneburnet M D
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Yeland Idaho

Filed 11-3 1919 E. E. Watts
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1948

789-118
001-669

PLAC[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ...[redacted]...

City of ...[redacted]...

Registration District No. ...11... File No. ...73914...

No. ..... St.

Primary Registration District No. ...2003... Registered No. .....

Hospital ...St. Alphonsus...

FULL NAME OF CHILD ...Burton William Phillips...

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Nov. 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William L. Phillips	FULL MAIDEN NAME	Hazel Worden
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth ...2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ...Born alive... at 1:25 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ...C. L. Dutton...

...Physician...
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address ...Meridian, Ida.

.....
Registrar

Filed Nov. 24 1919 ...Alice A. Dutton...
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-126-001-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 11 File No. 73915

No. ..... St. Primary Registration District No. 2003 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Edward Frenette

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Frenette	FULL MAIDEN NAME	Marian Blackwood
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian, Ida.

Filed Nov. 3 1919 Alice A. Dutton
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-210-024-231

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73917

County of Gooding

City of Wagerman

Registration District No. 2 File No.

No. St.

Primary Registration District No. 2 Registered No. 2

Hospital

FULL NAME OF CHILD Marjory Maud Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 10 1919

FATHER		MOTHER	
FULL NAME	R P Bell	FULL MAIDEN NAME	Maud J Blackhurst
RESIDENCE	Wagerman	RESIDENCE	Wagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 30 P.M. on the date above stated.

(Signature) R H Greene

Physician (Physician or midwife)

Address Wagerman

Filed Nov 20 1919 R H Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1963

799-201-024-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. ..... File No. 73921

No. ..... St.

Primary Registration District No. 21 Registered No. 6

Hospital .....

FULL NAME OF CHILD Helen Elizabeth Gribble

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter L Gribble	FULL MAIDEN NAME	Genevieve Harwick
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hagerman

Filed Dec 10 1919 R H Greene Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-109-024-298

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH,

County of Gooding

City of Hagerman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 73922

No. ..... St.

Primary Registration District No. 21 Registered No. 7

Hospital .....

FULL NAME OF CHILD Voris Herbert Owsley

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Mar 7 (Month) (Day) 19 17 (Year)

FATHER		MOTHER	
FULL NAME	Clarence A Owsley	FULL MAIDEN NAME	Emma Bryant
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Foreman	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Oregon
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a M. on the date above stated.

(Signature) R N Greene

Physician (Physician or midwife)

Address Hagerman

Filed Mar 15 19 19 R N Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

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1

Registrar

215-224-024-962

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73923

Registration District No. ..... File No. .....

Primary Registration District No. 21 Registered No. 8

FULL NAME OF CHILD Edna Almeda Kanecaster

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Feb (Month) 24 (Day) 19 17 (Year)

FATHER	MOTHER
FULL NAME Jas V Kanecaster	FULL MAIDEN NAME Emma Roberts
RESIDENCE Hagerman	RESIDENCE Hagerman
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Georgia	BIRTHPLACE Tenn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:30a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene

Physician

(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 30 19 17 R N Greene

Registrar

253-120-024-381

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73925

County of Gooding

City of Hagerman Registration District No. File No.

No. St.

Primary Registration District No. 21 Registered No. 10

Hospital

FULL NAME OF CHILD Leo LaMar Bell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male				Yes	Jan 20 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glenn C Bell	Lottie N Thacker
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	
BIRTHPLACE	Kan	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P M. on the date above stated.

(Signature) P N Greene

Physician

(Physician or midwife)

Address Hagerman

Filed Jan 30 1919 P N Greene

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

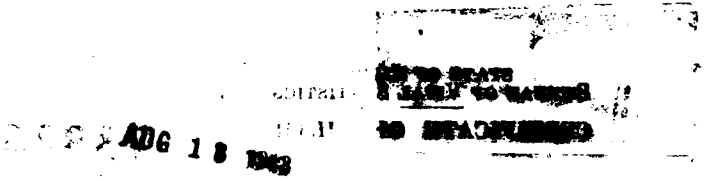
19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 18 1943

312-122-024-125

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 73928

Primary Registration District No. 21 Registered No. 13

FULL NAME OF CHILD Robert Leland Carrico

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 2 1917

FATHER		MOTHER	
FULL NAME	Ralph L Carrico	FULL MAIDEN NAME	Minnie L Abercrombie
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Polo	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn?), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) R W Greene

Physician

(Physician or midwife)

Address Hagerman

Filed Jan 25 19 18 R W Greene Registrar

255-202-024-383

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73929

County of Gooding

City of Hagerman Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 21 Registered No. 14

Hospital .....

FULL NAME OF CHILD Beulah Thylin Bennett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Apr 2 19 19

FATHER		MOTHER	
FULL NAME	Vernon A Bennett	FULL MAIDEN NAME	Mildred V Lytle
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Idaho	BIRTHPLACE	Colo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R V Greene

Physician

(Physician or midwife)

Address Hagerman

Filed Apr 10 1919 R V Greene

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

AUG 17 1943

449-227-024-491

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Wagerman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73930

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 21 Registered No. 15

Hospital .....

FULL NAME OF CHILD Audrey Durfee

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Mar 27 (Month) (Day) 19 19 (Year)

FATHER	MOTHER
FULL NAME Joseph A Durfee	FULL MAIDEN NAME Elizabeth R Drake
RESIDENCE Wagerman	RESIDENCE Wagerman
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Wagerman	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 20 P M. on the date above stated.

(Signature) R H Greene

Physician

(Physician or midwife)

Address Wagerman

Filed Mar 30 19 19 R H Greene

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

AUG 10 1967

799-112-024-449.

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73931

Registration District No. ..... File No. .....

Primary Registration District No. 21 Registered No. 16

FULL NAME OF CHILD Leland Bradley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 12 1919

FATHER		MOTHER	
FULL NAME	Albert L Bradley	FULL MAIDEN NAME	Caroline Durfee
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	Land Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2.30 a M. on the date above stated.

(Signature) R H Greene

Physician

(Physician or midwife)

Address Hagerman

Filed Jan 16 1919 R H Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

JUL 2 1 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

43-223-024-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 73933

Primary Registration District No. 21 Registered No. 18

FULL NAME OF CHILD Aleta Lorraine Palmer

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth: Apr (Month) 23 (Day) 19 19 (Year)

FATHER

FULL NAME: Ralph Clinton Palmer

RESIDENCE: Hagerman

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Kan

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Alta Green

RESIDENCE: Hagerman

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Hagerman

OCCUPATION: Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

(Signature) R N Greene

Physician

(Physician or midwife)

Address Hagerman

Filed apr 26 19 19 R N Greene Registrar

JUN 1 4 1966

449-128-024-331

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Wagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73934

Registration District No. 21 File No. 17

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Charles Austin Dierlee

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Apr 28 (Month) (Day) 19 17 (Year)

FATHER	MOTHER
FULL NAME Ray Dierlee	FULL MAIDEN NAME Pauline M Clark
RESIDENCE Wagerman	RESIDENCE Wagerman
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Wagerman	BIRTHPLACE Wash D. C.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R W Greene

Physician

(Physician or midwife)

Address Wagerman

Filed May 1 1917 R W Greene Registrar

217-101-024-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73935

County of Gooding

City of Wagerman

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 21 Registered No. 20

Hospital .....

FULL NAME OF CHILD Robert Baptie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male					May 1 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Baptie	Enid L Greene
RESIDENCE	Carey	Carey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Scotland	Idaho
OCCUPATION	Stock Grower	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 9 M. on the date above stated.

(Signature) R H Greene
R H Greene
(Physician or midwife)

Address Wagerman

Filed May 5 1919 R H Greene
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1944

763-109-024-553

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wagerman

Registration District No. ..... File No. 73936

No. ..... St.

Primary Registration District No. 24 Registered No. 21

Hospital .....

FULL NAME OF CHILD Chas. Wm. Pollei

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 9 1919

	FATHER	MOTHER
FULL NAME	Wm L Pollei	FULL MAIDEN NAME Estrid L Nelson
RESIDENCE	Wagerman Ida	RESIDENCE Wagerman
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Germany	BIRTHPLACE Sweeden
OCCUPATION	Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6:30a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician
(Physician or midwife)

Address Wagerman

Filed June 12 19 19 R H Greene
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

JAN 24 1942

NOV 14 1966

955-108-24-655

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73937

County of Gooding

City of Hagerman Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 21 Registered No. 22

Hospital .....

FULL NAME OF CHILD Ernest Hasting Reed

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth July 8 (Month) (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME Lionel Roy Reed	FULL MAIDEN NAME Edna M Steele
RESIDENCE Hagerman	RESIDENCE Hagerman
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R N Greene

Physician

(Physician or midwife)

Address Hagerman

Filed July 12 1917 R N Greene Registrar

Certified Copy issued Nov. 16, 1970. L.W.

JUL 20 1943

314-108-024-855

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 73938

Primary Registration District No. ..... Registered No. 23

FULL NAME OF CHILD Darl Dell Laughlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male				Yes	July	8	19

	FATHER	MOTHER
FULL NAME	Geo A Laughlin	FULL MAIDEN NAME Elva Hendrickson
RESIDENCE	Teton	RESIDENCE [redacted]
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Okla	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene

Physician

(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 2 19 17 R N Greene

Registrar

AUG 19 1969

c.c. 4/22/41. wh

dup of 1919-311326

219-109-024-319

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 73939

Primary Registration District No. 21 Registered No. 24

FULL NAME OF CHILD Cecil Alvah Bailey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvah T Bailey	Elsie A Coulton
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	31
BIRTHPLACE	Ohio	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R H Greene

Physician

(Physician or midwife)

Address Hagerman

Filed July 10 1919 R H Greene Registrar

455-120-024-365

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73940

County of Gooding

City of Hagerman

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 24 Registered No. 25

Hospital .....

FULL NAME OF CHILD Delwyn Arthur Dennis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 20 1919

FATHER		MOTHER	
FULL NAME	Arthur J Dennis	FULL MAIDEN NAME	Nettie M Condit
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Automechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene
(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 24 1919 R H Greene
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1942

73940

[illegible] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

City of [illegible]

No. ..... St.

Hospital

Registration District No. ..... File No. .....

Primary Registration District No. 21 Registered No. 25

FULL NAME OF CHILD [illegible]

Sex of Child [illegible] Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? [illegible] Date of Birth [illegible] (Month) [illegible] (Day) [illegible] (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE	[illegible]	RESIDENCE	[illegible]
COLOR	[illegible] AGE AT LAST BIRTHDAY 28 (Years)	COLOR	[illegible] AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	[illegible]	BIRTHPLACE	[illegible]
OCCUPATION	[illegible]	OCCUPATION	[illegible]

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn) at [illegible] M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

Address [illegible]

19 ..... Filed [illegible] 19 [illegible]

Registrar Registrar

WHITE PLAINLY WITH UNDERING AND REPRESENTS A BIRTH OF BIRTH. MARRIN RESERVED FOR BINDING.

N. B.—In case of more than one child at a birth, the name of each, in order of birth, must be stated.

138-223-024-363

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73941

County of Gooding

City of Hagerman

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 21 Registered No. 26

Hospital .....

FULL NAME OF CHILD Velma Jane Athanas

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Aug 23 (Month) (Day) 19 14 (Year)

FATHER

FULL NAME Peter P Athanas

RESIDENCE Bliss

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Greece

OCCUPATION Section Foreman

MOTHER

FULL MAIDEN NAME Maude M. Colson

RESIDENCE Bliss

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R V Greene

Physician (Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19....

Registrar

Filed May 26 19 14 R V Greene Registrar

JUN 1 4 1967

815-202-024-484

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73942

County of Gooding

City of Hagerman Registration District No. File No.

No. St.

Primary Registration District No. 21 Registered No. 27

Hospital

FULL NAME OF CHILD Phyllis Margaret Handy

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept 2 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph N Handy	Mina Dudley
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	37
BIRTHPLACE	Mo	Idaho
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene

Physician

(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

19

Registrar

Filed Sept 10 19 19 R N Greene

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 27 1942

799-106-0241-619

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73943
Local Reg. No. 28
Reg. Dist. No.

Amended 2-19-68

1. PLACE OF BIRTH

a. COUNTY: Gooding

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hagerman

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Gooding

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hagerman

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Asahel

b. (Middle): W

c. (Last): Gridley

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 6, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Frank

b. (Middle): E.

c. (Last): Gridley

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Stock Grower

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Rhoda

b. (Middle): J.

c. (Last): Warwick

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ohio

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R. H. Green

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Hagerman

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 10, 1919

22. REGISTRAR'S SIGNATURE: R. H. Green

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

For BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

FEB 20 1968

1-16-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 12 1968
Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 73943

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Asal W. Gridley (Name on Original Certificate) who was born (Was Born or Died) on Sept. 6, 1919 (Date of Event)
in Hagerman (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
First name of child	Asal	Asahel

Subscribed and sworn to before me this 26 day of January, 1968.

Notary Public, residing at Antioch, Calif.
My commission expires 6-7-70
(Seal)

X Signed Roberta McGridley Franz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2726 Roosevelt Ave Antioch Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Contra Costa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of January, 1968.

Notary Public, residing at Antioch Calif
My commission expires 6-7-70
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

1 Cp DD rec H26657

Family Record book lists name as Asahel Warwick Gridley born Sept. 6, 1915

son of Frank Gridley and Rhoda Warwick. Record obviously old.
Viewed by V. S.

Own childs birth certificate on file - Idaho # 434822 gives name as
Asahel Gridley. Child born Mar 31, 1947.
Viewed by V. S.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73943

County of Gooding

City of Hagerman Registration District No. File No.

No. St.

Primary Registration District No. 21 Registered No. 28

Hospital

FULL NAME OF CHILD Asal H Gridley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 6 1919

FATHER	MOTHER
FULL NAME Frank D Gridley	FULL MAIDEN NAME Rhoda J Warwick
RESIDENCE Hagerman	RESIDENCE Hagerman
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Ohio
OCCUPATION Stock Grower	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician

(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

19

Registrar

Filed Sept 10 1919 R H Greene

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1968

219-126-024-755

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73944

Registration District No. .....

File No. 29

Primary Registration District No. 21

Registered No. 29

FULL NAME OF CHILD Garland B Barlogi

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 26 19 19

	FATHER	MOTHER
FULL NAME	R H S Barlogi	FULL MAIDEN NAME Nora B Penfold
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY	19 (Years)	21 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Stock Grower Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

(Signature) R H Greene

Physician

(Physician or midwife)

Address Hagerman

Filed Oct 1 19 19 R H Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19 .....

Registrar

238-109-024-314

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73945

County of Gooding

City of Hagerman Registration District No. File No.

No. St.

Primary Registration District No. 21 Registered No. 30

Hospital

FULL NAME OF CHILD Joseph Lester Schooler

Sex of Child: male | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Oct 9 (Month) (Day) 19 19 (Year)

FATHER		MOTHER	
FULL NAME	C H Schooler	FULL MAIDEN NAME	Rosa Campbell
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) R H Greene

Physician
(Physician or midwife)

Address Hagerman

Filed Oct 12 1919 R H Greene
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-209-024-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73946

County of Gooding

City of Hagerman

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 21 Registered No. 31

Hospital .....

FULL NAME OF CHILD Thelma Gladys Sharp

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Levi W Sharp	FULL MAIDEN NAME	Jennie S Smith
RESIDENCE	Bliss	RESIDENCE	Bliss
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	R R Pumptender	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Green

R Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hagerman

Filed 11 1919 R H Evans Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1971

268-106-024-755

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73947

County of Fooding

City of Hagerman

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 21 Registered No. 32

Hospital .....

FULL NAME OF CHILD Russell G Boyer

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dennison G Boyer	FULL MAIDEN NAME	Ethel A Penfold
RESIDENCE	Hag Bliss	RESIDENCE	Hag Bliss
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Farming Hagerman	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hagerman

Filed Nov 10 1919 R H Greene Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1 [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73947

PLACE OF BIRTH

County of [illegible]

APR 29 1960

719-208-024-495

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73948

County of Keating

City of Hagerman Registration District No. File No.

No. St.

Primary Registration District No. 21 Registered No. 38

Hospital

FULL NAME OF CHILD Lucille Frances Parrott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 8 1919

	FATHER	MOTHER
FULL NAME	Joseph F Parrott	FULL MAIDEN NAME Florence M Minard
RESIDENCE	Hagerman	
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Neb
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) R N Greene

Physician

(Physician or midwife)

Address Hagerman

Filed Nov 12 1919 R N Greene

Registrar

763 - 216 - 024 - 285

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73949

County of Gooding

City of Hagerman

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 21 Registered No. 34

Hospital .....

FULL NAME OF CHILD Ethel Dreany Potter

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar A Potter	Mary Thurgess
RESIDENCE	Bliss	Bliss
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician

(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov 20 1919 R H Greene

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 18 1942

693-207
020-319

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73950

County of Elmore

City of Hill City

No. 7 miles West of St. Hill City

Hospital

Registration District No. 35

Primary Registration District No. 2021

File No.

Registered No.

FULL NAME OF CHILD Myrle Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	Nov. 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Arthur Williams	FULL MAIDEN NAME	Esther Larson
RESIDENCE	Hill City, Idaho	RESIDENCE	Hill City, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Willencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho

19

Filed Nov. 14 1919 J. W. Davis Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 4 10 PM '73

State of Idaho
County of Elba } ss.

Certificate No. 73950

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Williams (Name on Original Certificate) who was born (Was Born or Died) on November 7, 1919 (Date of Event)
in Hill City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	omitted	Myrle Williams

Subscribed and sworn to before me this 2nd day of
October, 1972.
Notary Public, residing at Burley
My commission expires Sept. 15, 1976
(Seal)

Signed Mrs. Ethel M. Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
X 1164 East main Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of February, 19 73.
Notary Public, residing at Burley, Idaho
My commission expires 7/10/74
(Seal)

February
Signed William A. Williams
(Signature of Any Credible Person)

1459 Elba Avenue, Burley, Idaho
(Street Address, City, State)

FORM DH 60-155

10 3 72 nm. in office

Death Certificate for Johnny Ervin William s, state file # 64-729 gives name of Informant as Myrle Williams. Johnny died February 29, 1964.
Viewed by V.S

Contract signed February 25, 1950 between Parks Development Co., Inc. and John Erwin Williams part of the second part whose address was Gooding, Idaho. Deed is to be made out to John Williams and Murle Williams.
Viewed by V.S.

912-224-020-007

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-17

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73951

Registration District No. 35 File No. .....

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Mary Ann Rasmuar

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	4	yes	Nov. 24 1919

FATHER	MOTHER
FULL NAME George H. Rasmuar	FULL MAIDEN NAME Effie Pigg
RESIDENCE Glenn's Ferry Idaho	RESIDENCE Glenn's Ferry Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE America	BIRTHPLACE America
OCCUPATION Hardware Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Nov. 24 1919, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Evans M. D.

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 30 1919 J. W. Evans Registrar

249-108-020-595

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

73953

Registration District No. 36

Primary Registration District No. 2021

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Ira John Burton .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	yes	Nov. 5 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Burton	Ellen J. Nielson
RESIDENCE	Glenn's Ferry Idaho	Glenn's Ferry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	America	America
OCCUPATION	Machinist Helper	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) Nov. 5 1919, at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 16 1919

J. W. Doris Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z-BURTON

dup of 1919-288867

255 - 14-020 - 284

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-6-17

CERTIFICATE OF BIRTH

Registration District No. 35

Primary Registration District No. 2021

File No. 73954

Registered No. .....

FULL NAME OF CHILD Henry Carl Gemmy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	yes	Nov. 14 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fredrick W. Gemmy	Emma S. Shultz
RESIDENCE	Glenn's Ferry Idaho	Glenn's Ferry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	35
BIRTHPLACE	America	America
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) Nov. 14th 1919, at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Filed Nov. 18 1919 J. W. Davis

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 5 1976

dup of 1919-300024

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-109-020-396

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73955

Registration District No. 35

Primary Registration District No. 2021

File No. .....

Registered No. .....

FULL NAME OF CHILD LeRoy Eugene Cox

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	2	yes	Nov. 9th (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Loren P. Cox	FULL MAIDEN NAME Mary E. Crofall
RESIDENCE Glenn's Ferry Idaho	RESIDENCE Glenn's Ferry, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE ~~America~~ Iowa	BIRTHPLACE ~~America~~ Iowa
OCCUPATION Loco. Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Nov 9, at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Filed Nov. 16 1919

J. W. Davis Registrar

OCT 29 1962

JUL 16 1942

212-101-023-819

PLACE OF BIRTH

[redacted]

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
[redacted]UREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73956

County of Nem

City of Emmett

Registration District No. 1020

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Ray Albert Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			12-1-1919

FATHER		MOTHER	
FULL NAME	Ray Holister Baker	FULL MAIDEN NAME	Emma May Hart
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Emmett Ida

Filed 12-4 1919 J. L. Reynolds Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1954

689-230-023-789

PLACE OF BIRTH

Form 73957 ...m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 1020

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Iris Jean Whitney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	19 - 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh Adford Whitney	FULL MAIDEN NAME	Edith Hazel Philippi
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn
OCCUPATION	Sawmill work	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-2 1919 J. L. Reynolds Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...GIN RESERVED FOR BINDING

NOV 17 194

168-413-022-295

PLACE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 73958

Registration District No. 10 10

Primary Registration District No. _____

File No. _____

Registered No. _____

Full Name of Child Roland Edward Johnson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			yes	11 (Month) – 13 (Day) – 19 (Year)

FATHER

FULL NAME Sam Johnson

RESIDENCE Emmett Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Common Labor

MOTHER

FULL MAIDEN NAME Olive Madline Kinney

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. L. Reynolds (Physician or midwife)

Address Emmett Ida

Filed 11-15- 1919 J. L. Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem }

Certificate No. 73958

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who Male (WAS BORN OR DIED) on Nov. 13 1919 (DATE OF EVENT)
in Emmett Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Roland Edward - John 5 27

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed J. L. Reynolds M.D.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 15 1948

315-122-022-691

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73959

County of Elm

City of Emmett

Registration District No. 1010 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

Full Name of Child Allen Jack Langstaff

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Oct. 27 1917

FATHER

FULL NAME: Albert James Langstaff

RESIDENCE: Emmett

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Canada

OCCUPATION: Saw mill work

MOTHER

FULL MAIDEN NAME: Florence Franks

RESIDENCE: Same

COLOR: white AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Canada

OCCUPATION: House wife

Number of child of this mother, including present birth: Number of children of this mother now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3rd (Born alive or stillborn), at 7.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. L. Reynolds

Emmett (Physician or midwife)

19 Address

Registrar

Filed Nov. 2 1917 J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1956

DECEASED

384-208-008-851

PLACE OF BIRTH

Amended 1/17/77

County of Boise

City of Banks

No. ..... St.

Hospital .....

[redacted]

[redacted]TE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 1020 File No. 73960

Primary Registration District No. ..... Registered No. .....

Full Name of Child Alta Joyce Church

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Fe	X		X	Yes	Nov 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Almond F. Church	FULL MAIDEN NAME	Elmora Heavnin
RESIDENCE	Banks	RESIDENCE	Banks
COLOR	W. AGE AT LAST BIRTHDAY 48 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Austin G. Byrd

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address E. Minett Idaho

Registrar

Filed 11-10 1919 J. L. Reynolds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 73960

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Church (Name on Original Certificate) who was born (Was Born or Died) on November 8, 1919 (Date of Event)
in Banks, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Alta Joyce Church

Subscribed and sworn to before me this 17 day of January 19 77

Glenda Mae Jensen

Notary Public, residing at Boise, Idaho

My commission expires Lifetime

(Seal)

Signed James E. Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Saudee Valley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Own child's birth certificate on file Idaho #279165 for son born April 4, 1939 in Gem County gives mother's name as Alta Joyce Church. -- Viewed by VS.

Insurance Policy #18 226 564, New York Life Ins. Co. gives name as Alta Joyce Yensen (Mother Elmora Gertrude Church - beneficiary) born November 8, 1919 in Banks, Idaho. Dated 8/13/42. -- viewed by VS.

JAN 17 1977

692-128-023-259

PLACE OF BIRTH

County of Ben

City of Emmett

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

73961

Registration District No. 1020

File No. _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child Jesse Vernon Fisher

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	11-28-18

FATHER

FULL NAME: Leroy V Fisher

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emma Rosella Knight

RESIDENCE: Lane

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Oregon

OCCUPATION: House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-30 19 19 J L Reynolds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

PLACE OF B

Form V. S. No. 11—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

433-215-023-749 No. _____ St.

Registration District No. 1020

File No. 73962

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child FLORENCE Larena McConnell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	11-15 1918

FATHER

FULL NAME: Richard Lesley McConnell

RESIDENCE: Emmett Ida

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Stock Raising

MOTHER

FULL MAIDEN NAME: Larena G. Parks

RESIDENCE: Same

COLOR: white

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Kansas

OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8.35 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-16 1918 J. L. Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. MAY 5 1943
County of Blaine }

Certificate No. 73962

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lorena McConnell (Name on Original Certificate) who was born (Was Born or Died) on Nov. 15, 1919 (Date of Event)
in Emmett, Gem County, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on April 16 -1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	McConnel	McConnell
Name	Lorena	Florence Lorena McConnell

Subscribed and sworn to before me this 1
day of May, 1943

R. F. McCoy
Notary Public, residing at Hailey, Idaho.

My commission expires March 31, 1946
(Seal)

Signed Lorena Park McConnell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hailey, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Blaine }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st.
day of May, 1943

R. F. McCoy
Notary Public, residing at Hailey, Idaho.

My commission expires March 31, 1946.
(Seal)

Signed Richard L. McConnell
(Signature of Any Credible Person Other Than Previous Year)

Hailey, Idaho.
(Street Address, City, State)

MAY 5 1943

MAY 10 1943

MAR 12 1976

236-124-031-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL S[redacted]

CERTIFICATE OF BIRTH

73965

County of Lemi

City of Ilo

No. ..... St.

Hospital .....

Registration District No. 50

Primary Registration District No. 2129

File No. .....

Registered No. 26

FULL NAME OF CHILD CHARLES EDGAR Stone

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	Yes	Nov 24 1919

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Elmer Morris Stone	FULL MAIDEN NAME	Myra Ellen Mother
RESIDENCE	Ilo Idaho	RESIDENCE	Ilo Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Garfield Wash	BIRTHPLACE	Salt Lake Utah
OCCUPATION	miller	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

— 19

Address Ilo Idaho

Registrar

Filed 11/26 1919 R. E. Dunlap

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 73965

State of Washington } ss.
County of Pierce

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles Edgar Stone (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24 - 1919 (Date of Event)
in Uollmer - now Fenton as Craigmont Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Charles Edgar Stone
	I am the mother of Charles Edgar Stone	

Subscribed and sworn to before me this 8th day of Sept 1943

Signed Myra Ellen Stone
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Tacoma Wash

1306 S. 7th Tacoma Wash
(Street Address, City, State)

My commission expires Feb 2 - 1945
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

SEP 15 1943

APR 20 1970

SEP 15 1943

993-221-031-455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73966

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Registration District No. 60

Primary Registration District No. 2179

File No. .....

Registered No. 97

FULL NAME OF CHILD Lilly Jillson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	1	yes	11 - 21 - 1919

FATHER		MOTHER	
FULL NAME	Charles Opal Jillson	FULL MAIDEN NAME	Agnes Jeanette Denny
RESIDENCE	Reubens, Idaho	RESIDENCE	Reubens, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

(Signature) M. Atwood Gore, M. D.

(Physician or midwife)

Address Reubens, Idaho.

Filed 12/1 19 19 P. C. Smith
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 10 10 23 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No. 73966

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Zilliox (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 21, 1919 (Date of Event)
in Reubens, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
chid's name	Unnamed	Lilly Zilliox

Subscribed and sworn to before me this 8th day of December, 1975.

Laura L. Puckett
Notary Public, residing at Lewiston
My commission expires 1979
(Seal)

Signed A. O. Zilliox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1813 11th Ave Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of December, 1975.

R. L. Booke
Notary Public, residing at Lewiston, Idaho
My commission expires R. L. Booke
(Seal) R. L. BOOKE
Notary Public Nez Perce County, Idaho
My Commission Expires May 1, 1979

Signed M. S. Cleveland
(Signature of Any Credible Person)

228 Hillcrest Lewiston Idaho
(Street Address, City, State)

FORM DH 60-155 CE 12/2/75

Highschool doploma from Reubens High school gives name as Lily Mae Zilliox dated May 26, 1938. viewed by V. S

DEC 30 1975

Marriage License from Idaho gives names as Max S. Cleveland and Lilly May Zilliox. Aug 20, 1941. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-127-004-292

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted]-C—25m-9-8-17

CERTIFICATE OF BIRTH

73967

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD John Henry Berrey

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. F. Berrey	FULL MAIDEN NAME	Lareva Bissegger
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Gaertner

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed Dec 1 1919

Registrar

Registrar

154-226-004-794

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 73968

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD May Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 26th 1919

FATHER		MOTHER	
FULL NAME	Carl G. Anderson	FULL MAIDEN NAME	Lillian E. Gruning
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Loco. Fireman O.S.L.R.R.	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 2 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Montpelier Idaho

..... 19.....

Filed 12-1-1919 H H King

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-125-004-433

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73969

County of Bear Lake

City of Montpelier

No. Name added 10-18-83 fc St.

Registration District No. 52

File No.

Primary Registration District No. 2136

Registered No.

Hospital

Full Name of Child Russell Vern Welker

SEX OF CHILD: Boy	Twin Triplet or other? and Number in order of birth: 2 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 11 (Month) 25 (Day) 19 9 (Year)

FATHER		MOTHER	
FULL NAME	Alfred V Welker	FULL MAIDEN NAME	A Maude McDonald
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Smithfield Utah
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1209 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Montpelier Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 12-1-1919

H. H. King

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 10 11 50 AM '83

State of _____ } ss.
County of _____

Certificate No. 73969
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Welker (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 25, 1919 (Date of Event)

in Montpelier (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Russell Vern Welker

Subscribed and sworn to before me this 18th day of _____, 1983

Notary Public Florence Curtright
Residing at Boise
My commission expires 4-20-86
(Seal)

x Russell Vern Welker
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certificate on file with Vital Statistics, Boise, Idaho shows name of father as Russell Vern Welker. Child born October 21, 1941. Viewed by V.S.

OCT 18 1983

Family record dated 1944, shows name as Russell Vern Welker, born November 25, 1919, in Montpelier, Idaho, to Alfred N. Welker and A. Maude McDonald. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bern

No. 245-123-004-113 St.

Hospital

Registration District No. 52

Primary Registration District No. 2136

File No. 73970

Registered No.

FULL NAME OF CHILD MERRILL BALTZAR KUNZ

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	11 23 1919

FATHER		MOTHER	
FULL NAME	Hyrum S Kunz	FULL MAIDEN NAME	Leah Jackson
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Bern	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cutler MD

Montpelier

(Physician [redacted])

Given names added from a supplemental report.

19

Address Montpelier Ida

Filed 12-1-1919

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. DEC 14 1942 Certificate No. 73970

County of Iron } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Merrill Baltzar Kunz (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 23, 1919 (DATE OF EVENT)

in Bern, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Merrill Baltzar ~~Kunz~~ Kunz

Subscribed and sworn to before me this 10th day of December 1942

Maeser Dailey, Cedar City, Utah

Notary Public, residing at

My commission expires May 8, 1944

(SEAL)

Signed Mrs Hyrum Kunz (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

302 S. 2nd. W., Cedar City, Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires

(SEAL)

Received for filing on By

(REGISTRAR'S SIGNATURE)

DEC 15 1942

217-223-004-342

PLACE OF BIRTH name added 4-19-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52

File No. 73971

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Geneil Bagley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh Bagley	FULL MAIDEN NAME	Ruth Tubbs
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Gaertner

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-1-1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-2-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

APR 6 4 31 PM '82

State of _____ } ss.
County of _____

Certificate No. 73971
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bagley (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-23-19 (Date of Event)

in Montpelier (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Geneil Bagley

Subscribed and sworn to before me this 5th day of April 19 82

Notary Public, Arlene E. Robb
Residing at Nyssa Oregon
My commission expires My Commission Expires March 3, 1985
(Seal)

X Geneil Burbank
Signature of Applicant
518 Park Ave Nyssa Ore
Street Address, City, State 97913

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary =)

State of Oregon } ss.
County of Malheur

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of April 19 82

Notary Public, Arlene E. Robb
Residing at Nyssa Oregon
My commission expires My Commission Expires March 3, 1985
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Individual Award from LDS Church gives Geneil Burbank was awarded Achievement Award for 1960-61 year. Viewed by V.S.

APR 3 9 1982

LDS Church record gives Geneil Bagley born to Hugh G Pagley and Ruth Tubbs was baptised 3-4-28. Viewed by V.S.

249-121-004-245

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73972

County of Bear Lake

City of Bern

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

Full Name of Child Ray George Smith

SEX OF CHILD Boy	Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 11 21 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo S Smith	FULL MAIDEN NAME	Hazel H. Kenny
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Bern
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2209 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo S Cubley MD

Houseley (Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address

Registrar

Filed 12-9- 19 19

H H Kenny
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/17/41. w.h.

345-220-004-245

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 73973

Registered No. .....

Full Name of Child .....

SEX OF CHILD: Girl	Twin Triplet or other? and Number in order of birth: V (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 11 (Month) 20 (Day) 19 9 (Year)

FATHER		MOTHER	
FULL NAME	Fred W Tullen (Tuller)	FULL MAIDEN NAME	B. E. Kunthie
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Paris	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth V Number of children of this mother now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cutler

Montpelier (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 12-1-19 H H King

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

452-220-004-245

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 73974

Primary Registration District No. 2136

Registered No. _____

Full Name of Child Jeanette (Jean) Elizabeth Messerly

SEX OF CHILD: Fml	Twin Triplet or other? and Number in order of birth: 8 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 11 (Month) 28 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Robert Messerly	FULL MAIDEN NAME	Eliza Kunz
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Carpenter	OCCUPATION	Nurse

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 29 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Culley

Montpelier (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Registrar

Filed 12-1- 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH — 2 44 75

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of .....

Certificate No. 73974

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Nov. 20, 1919 (Date of Event)

in Monteplier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Jean Elizabeth Messerly

Subscribed and sworn to before me this 14th day of February, 19 75

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed W. L. Gentsch

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

HCR 1497 - Glenns Ferry, Idaho 83623

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Family Bible record gives name as Jeanette Elizabeth Messerly bornm Nov. 20, 1919. viewed by V. S.

FEB 14 19[illegible]

Certif. of Blessing from LDS Church gives name as Jeanette Elizabeth Messerly daugh. of Robert Messerly and Eliza Kunz. Born Nov. 20, 1919 at Monpelier, Idao. Was Blessed Jan. 4, 1920. viewed by V. S

Daughter's birth certif. on file in Idaho gives child's name as Kathy Jean Gertsch born July 26, 1957. mother's name given as Jean Elizabeth Messerly. viewed by V. S.

651-219-004-653

Amended May 5, 1964 **(Be sure the information is complete and accurate)**

State File No. 73975

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bennington

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bennington

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Jean b. (Middle): c. (Last): Weaver

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): November 19, 1919

FATHER OF CHILD

7. FULL NAME a. (First): F. b. (Middle): E. c. (Last): Weaver

8. COLOR OR RACE: W

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Bennington, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Geneva b. (Middle): c. (Last): Welker

13. COLOR OR RACE: W

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Bennington, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Geo. F. Ashley

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Montpelier, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 12-1-1919

20. REGISTRAR'S SIGNATURE: H. H. King

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

ndence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 5 1964
Bureau of Vital Statistics

State of Idaho
County of Bear Lake. } ss.

Certificate No. 73975

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Weaver (girl child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1919 (Date of Event)
in Bennington Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jean Weaver
Place of birth	Montpelier, Idaho	Bennington, Idaho

Subscribed and sworn to before me this 4th day of May, 1964

L. Hugh Shepherd

Notary Public, residing at Garn Idaho

My commission expires Oct 10- 1966

(Seal)

Signed Romina Perkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

664 Lincoln St Montpelier Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake. } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of May, 1964

L. Hugh Shepherd

Notary Public, residing at Garn Idaho

My commission expires Oct 10-1966

(Seal)

Signed LaPreal P. Irving
(Signature of Any Credible Person)

656 Lincoln Montpelier, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5-1-64. nm

Rush

Certificate of Blessing, Fish Haven Ward, L.D.S.Church gives name as Jean Weaver born Nov 19, 1919 to Franklin Evans Weaver and Anna Geneva Welker. Blessed Jan 4, 1920. viewed by V.S.
birthplace Bennington, Bear Lake County, Idaho

Statement regarding school record of Age. Montpelier High Schooi, Montpelier Idaho District #33 issued May 4, 1964 gives name as Jean Weaver, dated Sept 1, 1932. viewed by V.S.

A child's birth certiffcate on file Idaho #302030 gives mother's name as Jean Weaver and place of birth as Bennington, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

Primary Registration District No. 2136

File No. 73975

Registered No. .....

Full Name of Child .....

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		3	Yes	11 19 19

FATHER		MOTHER	
FULL NAME	F. E. Weaver	FULL MAIDEN NAME	Emma Walker
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Bennington	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	Forge

Number of child of this mother, including present birth 5 ..... Number of children of this mother now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 29 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F. Ashley

Montpelier (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho

Registrar

Filed 12-1- 1919 H. H. Kerr Registrar

MAY 5 1964

714-116-004-319

PLACE OF BIRTH

County of Bear Lake

City of Sharon

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

Primary Registration District No. 2136

File No. 73976

Registered No. _____

Full Name of Child _____

SEX OF CHILD: Boy	Twin / Triplet / or other? and Number in order of birth: 4 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 11 (Month) 16 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	John Gambling	FULL MAIDEN NAME	Minnie Carlson
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sharon	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

H Montgelen (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Idaho

Registrar

Filed 12-1-1919 H H Perry Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-215-004-757
(name added 9-9-81)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73977

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD ..... Hazel Sorensen .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		2	yes	Nov. 15, 1919

FATHER		MOTHER	
FULL NAME	Clarence R. Sorensen	FULL MAIDEN NAME	Jennie Pearce
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Augusta Wisconsin	COLOR	White
OCCUPATION	Section R.R.	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Montpelier
		OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (*Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Address Montpelier Ida.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed 12-1-1919

.....
Registrar

8-7-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Wyoming
County of Sublette } ss.

Bureau of Vital Statistics

Certificate No. 73977
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Sorensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-15-19 (Date of Event) in Montpelier (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Hazel Sorensen

Subscribed and sworn to before me this 14th day of August 19 81.

Notary Public, Sue J. Yuke County Clerk
Residing at Pinedale Wyo.
My commission expires Jan 3, 1983
(Seal)

Hazel S. Werner
Signature of Applicant

233 So. Lincoln Ave., Pinedale, Wyoming
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of August 19 81.

Notary Public, James S. Evans
Residing at Farmington Utah 84025
My commission expires June 26th 1985
(Seal)

JAMES S. EVANS NOTARY PUBLIC EXP. DATE June 26, 1985 Farmington, State of Utah

Jennie P. Sorensen
Supporting Signature

185 S. 100 E., Farmington, Utah
Street Address, City, State

1 cc pd

SEP 9 1981

LDS Church Cert of Blessing from Montpelier Ward gives Hazel Sorensen born 11-15-19 at Montpelier to Clarence Sorensen and Jennie Pearce. Blessed 1-4-20 Viewed by V.S.

LDS Cert of Baptism gives Hazel Sorensen born 11-15-19 at Montpelier to Clarence Sorensen and Jennie Pearce. Baptised 3-4-28. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

844-212-004-395

No. Name added 4-27-79 St.

Registration District No. 52

File No. 73978

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD LOIS HUMPHERYS

Sex of Child Girl

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 11 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George A Humpherys	FULL MAIDEN NAME	D. A. Lindsay
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 20 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Ashley

Hampelle

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 12-1-1919

[illegible]

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 15 4 02 PM '79

State of NEVADA
County of WASHOE } ss.

Certificate No. 73978
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Humpherys (Female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 12, 1919 (Date of Event)

in Ovid (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Humpherys	Lois Humpherys

Subscribed and sworn to before me this 9th day of March, 1979.

Notary Public, Patty G. Nystedt
Residing at Reno, Nevada
My commission expires July 12, 1982

PATTY G. NYSTEDT
Notary Public State of Nevada
Washoe County
My Commission expires July 12, 1982

Lois Humpherys
Signature of Applicant
1BM Lois Humpherys
545 b St. Sparks, Nevada
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of
County of

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March, 1979.

Notary Public, Patty G. Nystedt
Residing at Reno, Nevada
My commission expires July 12, 1982

PATTY G. NYSTEDT
Notary Public State of Nevada
Washoe County
My Commission expires July 12, 1982

Supporting Signature
1930 ROYAL DR.
Street Address, City, State
Reno, NV

2-26-79

Affidavit of Application for Marriage License issued by State of Nevada County of Washoe gives name of Bride Lois Humpherys who age was 18 at the time the lisence was applied for. Dated August 12, 1938.
Viewed by V.S.
Church record gives name as Lois Humphreys whose father's name was George Albert Humphreys and mother was Delilah Ann Lindsay. Church Record dated November 17, 1972.
Viewed byV.S.

997-212-004-245

PLACE OF BIRTH AMENDED JUNE 16, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Registration District No. 52 File No. 73979

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Alta Rigby
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 12, 1949

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

FATHER

FULL NAME: John T. Rigby

RESIDENCE: Bern, Idaho

COLOR: White AGE AT LAST BIRTHDAY 54 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer & School Teacher

MOTHER

FULL MAIDEN NAME: Elizabeth R. Kunz

RESIDENCE: Bern, Idaho

COLOR: White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) H. H. King, M. D.

Physician
(Physician or midwife)

Address Montpelier, Idaho

Filed 12-1- 1949 H. H. King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 7 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Cache }

Certificate No. 73979

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of: (Birth or Death)

for Nelda Riby (Name on Original Certificate) who / (Was Born or Died) on November 12, 1919 (Date of Event)

in Bern, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Christening date) (Bible Record, Insurance Policy, Etc.) prepared on December 30, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Nelda	Alta

Subscribed and sworn to before me this 3rd day of June, 1954

Luna S. Ridgell

Notary Public, residing at Logan, Utah

My commission expires March 14, 1955.

(Seal)

Signed ✓ Mary Peterson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

445 East 8th North, Logan, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON ✗

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of June, 1954

Luna S. Ridgell

Notary Public, residing at Logan, Utah

My commission expires March 14, 1955.

(Seal)

Signed Fonda Riby Cudley

(Signature of Any Credible Person)

376 North 5th East, Logan, Utah

(Street Address, City, State)

FORM DPH - 51117

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73979

PLACE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. .....

Registered No. .....

FULL NAME OF CHILD Nelda Rigby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 12th 1919

FATHER		MOTHER	
FULL NAME	John T. Rigby	FULL MAIDEN NAME	Elizabeth R. King
RESIDENCE	Bern, Idaho	RESIDENCE	Bern Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer and School-Teacher	OCCUPATION	Wife

Number of child of this mother, including present birth 12. Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 7 25 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-1- 1919

H H King
Registrar

Registrar

JUN 23 1950

JUN 17 1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 73980

Name Ave. 11-14-19

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Tuelles

Sex of Child: Male	Twin Triplet or other? / and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Nov 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arnold Tuelles	FULL MAIDEN NAME	Grace Sims
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Musician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Gaylord

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Idaho

Filed Nov 7 1919 — Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake } ss.

Bureau of Vital Statistics Certificate No. 73980
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Fueller (Female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 11, 1919 (Date of Event)
in Montpelier (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Fueller	Ruth Fueller
	~~unnamed Fueller~~	~~Ruth Tueller~~

Subscribed and sworn to before me this 20th day of October 1979.
Notary Public, Janice Poulsen
Residing at Kearns, Utah
My commission expires 3/3/83
(Seal)

RUTH TUELLER SPRING
Ruth T. Spring
Signature of Applicant
91 West First North, Smithfield, Utah 84335
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 TH day of October 1979.
Notary Public, Janice Poulsen
Residing at Kearns, Utah
My commission expires 3/3/83
(Seal)

Mrs Grace Fueller
Supporting Signature
590 South 100oth East, Clearfield, Utah 84015
Street Address, City, State

2-20-79

NOV 14 1979

Member Identification from the L.D.S.Church gives name as Ruth Tueller Spring born November 11, 1919. Membership # 13329820.

Certificate of Baptism and Confirmation issued by the L.D.S.Church gives name as Ruth Tueller daughter of Arnold C. Tueller and Grace E. Sims, born November.11. 1919 at Montpelier, Bear Lake, Idaho Baptized Arpil 7, 1929.
Viewed by V.S .

Certificate of Blessing gives name as Ruth Tueller daughter fo Arnold C. Tueller and Grace E. Sims born November 11, 1919 at Montpelier, Bear Lake, Idaho.
Blessed November 11, 1922 in L.D.S.Church.
Viewed by vs.

344-110-004-299

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73981

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD George Cummings

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			6	yes	Nov 10 19 9

FATHER		MOTHER	
FULL NAME	Julian Cummings	FULL MAIDEN NAME	Fay Grimhall
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Spanish Fork, Ut.
OCCUPATION	Supt. Schools	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Address Montpelier Ida.

Filed 12-1-19 [illegible] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1948

c.c. 5/21/41. wh

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bear Lake

Amended 6/30/19

CERTIFICATE OF BIRTH

City of Montpelier

Registration District No. 52

File No. 73982

266-107-004-319

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Sherwood A. Koford

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Boy	2	Yes	11 (Month) 7 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Adlee Koford	FULL MAIDEN NAME	Laura Carlson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Montpelier (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-1-1919 [signature]

..... Registrar

Registrar

SEP 1 7 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 21 11 09 AM '75

State of Idaho
County of Bear Lake } ss.

Certificate No. 73982

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Koford (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 8, 1919 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Sherwood Allan Koford
date of birth	Nov. 8, 1919	Nov 7, 1919

Subscribed and sworn to before me this 21st day of May, 1975

Marion E. Hatfield

Notary Public, residing at Montpelier, Id.

My commission expires September

(Seal)

Signed Ruth Dennett R.N.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

334 Wash. Montpelier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON (Attending Nurse at Birth)

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho
County of Bear Lake } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of May, 1975

Marion E. Hatfield

Notary Public, residing at Montpelier, Id.

My commission expires September

(Seal)

Signed Ruth Dennett R.N.
(Signature of Any Credible Person)

334 Wash. Montpelier Ida
(Street Address, City, State)

FORM DH 60-155

CL 9/17/74

Application ot Veterans of Foreign Wars of the Unite d States gives name as

JUN 3 0 1975

Sherwood A. Koford (membership No. 5) gives birth date as Nov. 7, 1919 at Montpelier, Idaho. Discharged from Fort Douglas on 4.29.46. viewed by V S.

Discharge papers from the U.S. Army gives name as Sherwood A. Koford born Nov. 7, 1919 at Montpelier, Idaho, date of Separation April 29, 1946. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 253-207-004-364

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 73983

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Pigs	3 (To be answered only in event of plural births)	Yes	1 (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo G Peterson	FULL MAIDEN NAME	Mamie Cook
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Single
OCCUPATION	Labor	OCCUPATION	Pigs

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Cushing

Montpelier (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-1-1919

..... Registrar

H H King Registrar

444-107-004-243 Name added 7-31-86 Jh

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 73984

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Byron Vadier Mumford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Byron E Mumford	FULL MAIDEN NAME	Nora Butterworth
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Galatine

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier

Filed 12-1-1919

H H King
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Multnomah } ss.

JUL 08 1986

Certificate No. 73984

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Mumford (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 7, 1919 (Date of Event) in Montpelier, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Byron Vadier Mumford

Subscribed and sworn to before me this 13th day of April, 1978

Robin D. Skinner

Notary Public, residing at Portland Oregon

My commission expires June 16, 1981

(Seal)

Signed Lenora W. Mumford

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

103 Lincoln St Montpelier Ida 83254

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of April, 1978

Robin D. Skinner

Notary Public, residing at Portland Oregon

My commission expires June 16, 1981

(Seal)

Signed Theo M. Holbrook

(Signature of Any Credible Person)

25115 S.E. Tirehill Lane Gresham, Oregon

(Street Address, City, State)

FORM DH 60-155

CL 4/7/78 RUSH 1cc sent as is

AUG 11 1986

Certificate of Blessing from LDS Church gives name as Byron Vadier Mumford

son of Byron E. and Nora W. Butterworth, born Nov. 7, 1919 at Montpelier, Bear Lake Co., ID. Blessed Feb. 1, 1920.
Viewed by V.S.

Certificate of Baptism from LDS Church gives name as Byron Vadier Mumford son of Byron E. Mumford and Nora W. Butterworth, born Nov. 7, 1919 at Montpelier, Idaho. Baptized March 4, 1928.
Viewed by V.S.

643-206-004-745

Form V. S. No. 11—25m-6-18

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73985

Registration District No. 52

File No. _____

Primary Registration District No. 2136

Registered No. _____

Full Name of Child _____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl			Yes	Nov 6 — 19

FATHER		MOTHER	
FULL NAME	C. F. Fuller	FULL MAIDEN NAME	Margaret Lemmon
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	Wh	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Cal	BIRTHPLACE	Montpelier
OCCUPATION	Painter	OCCUPATION	Singer

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 39 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Fuller

(Physician or midwife)

Address Montpelier

Filed 12-1— 19 19

H. M. Rees
Registrar

Given names added from a supplemental report.

_____ 19____

_____
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

UNFADING INK—THIS IS A PERMANENT RECORD

255-105-004-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Amended 7/3/74 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

73986

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

Full Name of Child Alfred J. Bentsen

SEX OF CHILD Boy	Twin Triplet or other? and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 11-5-19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chris Bentsen	FULL MAIDEN NAME	S J Layton
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Single
OCCUPATION	Labor	OCCUPATION	Purse

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Oakley

Montpelier

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-1- 1919

H H King

Registrar

Registrar

JUN 1 4 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 3 3 10 1975 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } Certificate No. 73986

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth' (Birth or Death)

for Unnamed Bensen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 5, 1919 (Date of Event)

in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Bensen	Alfred J. Bentsen

Subscribed and sworn to before me this 28 day of June, 1974

Phyllis Smart

Notary Public, residing at Bear Lake Idaho

My commission expires Sept. 1977

(Seal)

Signed Dwwood Perkins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

644 Adams St. Montpelier, Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of June, 1974

Phyllis Smart

Notary Public, residing at Bear Lake Idaho

My commission expires Sept. 1977

(Seal)

Signed James Edgar Homer

(Signature of Any Credible Person)

345 So. 9th Montpelier, Ida.

(Street Address, City, State)

FORM DN 60-155

CL 6/14/74

Cert. of Record of Membership to the LDS Church gives name as Alferd J. Bentsen born Nov. 5, 1919 at Monpelier, Idaho. Was Baptized Sept. 14, 1930. Father's name given as Christian Bentsen and mother's name as Sophronia Dayton. viewed by V. S.

JUL 5 1974

Certificate of Baptism and Confirmation from theLDS Church gives name as ~~XXX~~r Alfred Bentsen son of Christian Bentsen and Sophronia Dayton. Was Born Nov. 5, 1919 at Montpelier, Idaho. Was Baptized Sept. 14, 1930. viewed by V. S.

245-102-004-759

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 73988

Primary Registration District No. 7136

Registered No. _____

Full Name of Child Ralph L. Smedley

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy		1	Yes	11 2 19

	FATHER	MOTHER
FULL NAME	Albert Smedley	FULL MAIDEN NAME Grace B Perkins
RESIDENCE	Montpelier	RESIDENCE Montpelier
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Montpelier
OCCUPATION	Labor	OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 129 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Smedley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12-1- 19 19

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

694-102-004-615

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

73989

Registration District No. 52 File No. _____

Primary Registration District No. 2136, Registered No. _____

Full Name of Child _____

SEX OF CHILD: Boy	Twin, Triplet or other? and Number in order of birth: 7 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Nov 2 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: John R Robinson	FULL MAIDEN NAME: C. M. Longley
RESIDENCE: Montpelier	RESIDENCE: Montpelier
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Denmark
OCCUPATION: Laborer	OCCUPATION: Wife

Number of child of this mother, including present birth: 7 Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Buckley

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar Filed 12-1-1919 _____ Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-202-004-497

PLACE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Hospital .....

Form V. S. No. 11-C ... m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73990

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD ~~[illegible]~~ Peterson Nelda May

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 2nd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Lee Peterson	FULL MAIDEN NAME	Frances May Rigby
RESIDENCE	Montpelier (Bern)	RESIDENCE	Bern Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stockman	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kerry [illegible]

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-1-1919 H H Kerry

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming } ss.
County of Lincoln }

Certificate No. 73990

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of [redacted] birth
(Birth or Death)
for Alta Peterson (Name on Original Certificate) who born (Was Born or Died) on Nov. 2 1919 (Date of Event)
in Bern, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alta	Nelda Peterson

Subscribed and sworn to before me this 5th day of June, 1942

Notary Public residing at Afton, Wyoming

My commission expires October 20 1944
(Seal)

Signed May Peterson Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Auburn, Wyoming
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 9 1942

JUN 12 1942

168-230-004-993

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 73991

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Vivian Verdean Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	1		1	Yes	Oct. 30, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hyrum Johnson	FULL MAIDEN NAME	Loe Riley
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Pleasant Grove, Ut.	BIRTHPLACE	Bountiful, Ut.
OCCUPATION	Stockraising	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier, Ida.

Filed 12-1 1919 H. H. King

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 19[redacted]

5-27-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 8 11 30 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 73991

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Johnson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 30, 1919 (Date of Event)

in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Vivian Verdean

Subscribed and sworn to before me this 15th day of October, 1968

Cyrus H Whitlock

Notary Public, residing at Pocatello Idaho

My commission expires 5-1-1971

(Seal)

Signed Lee Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of October, 1968

Cyrus H Whitlock

Notary Public, residing at Pocatello Idaho

My commission expires 5-1-1971

(Seal)

Signed Leo Franklin Kinney

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism and Donfirmation issued Sept. 2, 1928 by the L.D.S Church gives name as Vivian Verdean Johnson born Oct. 30, 1919 at Georgetown, Idaho to Hiram L. Johnson and Flora Loe Riley.
Viewed by V.S.

JUN 8 1973

Certificate of Blessing gives name as Vivian Verdean daughter of Hiram L. Johnson and Loe Riley born October 30, 1919 at Georgetwon, Idaho. Blessed Dec 23, 1919 in L.D.S Church by Harrison Tippet in t
Viewed by V.S

559-128-004-565

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 73992

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

Full Name of Child Everett Vernon Neiswender

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	1	Yes	Oct 28 19 9

FATHER		MOTHER	
FULL NAME	Jos. Neiswender	FULL MAIDEN NAME	G. E. Van Norman
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kam	BIRTHPLACE	Bennington Idaho
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 40 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lichley

Montpelier (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 12-1-19 19

H H Stoney
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

444-228-004-849

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73993

County of Bear Lake

Amended 12/15/75

City of Raymond

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Vilda Mumford

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	3 (To be answered only in event of plural births)	Yes	10 (Month) 28 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	John H Mumford (Mumford)	FULL MAIDEN NAME	Nellie Herzog
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Salt Lake	BIRTHPLACE	Geneva
OCCUPATION	Farmer	OCCUPATION	Wy

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 19 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. Cubley

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 12-1-1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 24 10 25 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 73993

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mumford (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 28, 1919 (Date of Event)
in Raymond, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) ....., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Vilda Mumford

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of November, 19 75

.....
Notary Public, residing at Preston, Idaho
My commission expires 12-22-76
(Seal)

Signed Karen L. Mumford
(Signature of Any Credible Person)

460 N 9th Montpelier Idaho 83254
(Street Address, City, State)

FORM DH 60.155 CL 9/23/75 nm

Certif of Blessing from the LDS Church gives name as Vilda Mumford daughter of John H. Mumford and Nellie Hersogg. Born Oct. 28, 1919 at Raymond, Idaho. Blessed Nov 30, 1919. viewed by V. S.

NOV 26 1975

Certifi of Baptism and Confirmation from the LDS Church gives name as Vilda Mumford daughter of John H. Mumford and Nellie Herzog. Born Oct. 28, 1919 at Raymond, Idaho. Baptized June 24, 1928. viewed by V. S.

DEC 16 1975

386 - 129 - 004 - 5 - 13

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73994

County of Bear Lake

City of Dingle

No. ..... St.

Registration District No. 52

Primary Registration District No. 2136

File No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		4	yes	10 27 19

FATHER		MOTHER	
FULL NAME	Espey Lyons	FULL MAIDEN NAME	Rose Vale
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Salt Lake	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12 / 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 5 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Raymond

Registration District No. 52

File No. 73995

No. 593-123/004-694 St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	yes	yes	10 23 1919

FATHER		MOTHER	
FULL NAME	Fred Nicholls	FULL MAIDEN NAME	Lillian Fidgas
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 12-1-1919 [illegible]

Registrar

296-123-004-845

Amended 11-1-56

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 73996

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD DON H. BRONSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	6	Yes	10 23 1919

FATHER		MOTHER	
FULL NAME	W J Bronson	FULL MAIDEN NAME	Rose Huntington
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Salt Lake Utah	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Montpelier Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12-1-1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73996
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on 10/23/19 (Date of Event)
in Montpelier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Nov. 5, 1927 (Give Date), are:
Certificate of Blessing Dec. 7, 1919 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Don H. Bronson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

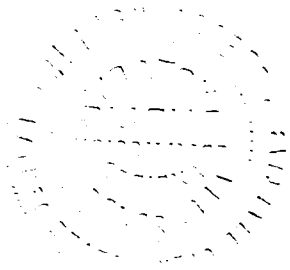
Subscribed and sworn to before me this 30th day of October, 19 56

Tressa Norris
Notary Public, residing at Salt Lake City
My commission expires August 20, 1957
(Seal)

Mr William J. Bronson (father) Mother
Mrs Gladys Moore (sister)(age 47)deceased
Signed X Mr. J. Bronson
(Signature of Any Credible Person)
X Mrs. Gladys Moore
741 Navajo St., Salt Lake City, Utah
(Street Address, City, State)

FORM DPH 55.155

NOV 2 1956



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Single

No. 415-123-004-317 St.

Hospital

Form V. S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73997

Registration District No. 52

File No.

Primary Registration District No. 2136

Registered No.

Full Name of Child Lowell Terry Davis

SEX OF CHILD Boy	Twin Triplet or other? and Number in order of birth 6 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nels Davis	FULL MAIDEN NAME	Edens E Dayton
RESIDENCE	Single	RESIDENCE	Single
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Single	BIRTHPLACE	Single
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cubley

Mongelle (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Idaho

Filed 12-1 1919

H H King Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73997

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth Unnamed Davis (Birth or Death)
for Unnamed Davis (Name on Original Certificate) who was born (Was Born or Died) on Oct 23, 1919 (Date of Event)
in Dingle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing, L.D.S. Church-blessed Jan.16,1920 Certificate of Ordination (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:
viewed by V.S. L. D. S. Church-ordained Jan 6, 1935

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Davis	Lowell Terry Davis

Subscribed and sworn to before me this 17th day of November, 1955

Hazen K. Carroll

Notary Public, residing at Boise Idaho

My commission expires 4-5-59

(Seal)

Signed Mrs. Lowell T. Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2503 N. 30th Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of November 1955

Hazen K. Carroll

Notary Public, residing at Boise Idaho

My commission expires 4-5-59

(Seal)

Signed Lowell Montgomery
(Signature of Any Credible Person)

1730 Merrill St. Boise, Idaho
(Street Address, City, State)

FORM DPH 55. 155

NOV 1 8 1966

PLACE OF BIRTH 463-116-004-249

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73998

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

Full Name of Child Glenn Mott

SEX OF CHILD Boy	Twin Triplet or other? and Number in order of birth 8 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Oct 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jay Huth (Mott)	FULL MAIDEN NAME	Lotty Smith
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kans (Kansas)	BIRTHPLACE	Montpelier
OCCUPATION	O S L Emp	OCCUPATION	Nurse

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Culley

Montpelier
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 12-1- 1919

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 1 1944

884-114-004-386

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 73999
Local Reg. No. 2136
Reg. Dist. No. 52

Amended 6-16-76

1. PLACE OF BIRTH

a. COUNTY: BEAR LAKE

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: LIBERTY

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: IDAHO b. COUNTY: BEAR LAKE

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: LIBERTY

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): EUGENE b. (Middle): CLYDE c. (Last): HYMAS

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
MALE	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	October 14, 1919

FATHER OF CHILD

7. FULL NAME a. (First): Solomon b. (Middle): T c. (Last): Hymas

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Liberty, Idaho	Labor	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Genevieve Marantha b. (Middle): c. (Last): Thornock

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
25 YEARS	Bloomington, Idaho	4		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: George F. Atchley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED: December 1, 1919

21. DATE REC'D BY LOCAL REG.: December 1, 1919

22. REGISTRAR'S SIGNATURE: H. H. King

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS WEIGHT AT BIRTH ____ LBS ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?

ISSUED in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 3 11 15 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 73999

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hymas (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct 14, 1919 (Date of Event)
in Liberty, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Eugene Clyde Hymas
Date of birth	October 15, 1919	October 14, 1919
Name of father	Saul	Solomon
Name of mother	Mary Thornick	Genevieve Marantha Thornock

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of
June, 1976.
Donald C. Peterson

Notary Public, residing at Montpelier
My commission expires 8-28-77
(Seal)

Signed Lester Roberts
(Signature of Any Credible Person)

250 South 9th, Montpelier, Id
(Street Address, City, State)

FORM DH 60-15 CL 5/26/76 ret'd $3 ck.

* Number of Child -- (3rd Child) — (5th child)

Certif of Blessing from the LDS Church gives name as Eugene Clyde Hymas son of Solomon T. Hymas and Genevieve Marantha Thornock. born Oct 14, 1919 at Liberty, Idaho. Blessed Nov 9, 1919. viewed by V. S.

JUN 8 1976

Certif of Baptism and Confirmation from the LDS Church gives name as ~~Emf~~ Eugene Clyde Hymas son of Solomon T. Hymas and Genevieve Thornock. Born Oct 14, 1919 at Liberty, Idaho. Baptized Jan 28, 1928. viewed by V. S.

884-175-004-344

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 73999

Registration District No. 52

Primary Registration District No. 2136

File No. .....

Registered No. .....

Full Name of Child Eugene Clyde Hymas

SEX OF CHILD Boy	Twin Triplet or other? and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 10 (Month) 15 (Day) 19 9 (Year)

FATHER		MOTHER	
FULL NAME	Saul Hymas	FULL MAIDEN NAME	Mary Rumnick
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Bloomington
OCCUPATION	Lolbor	OCCUPATION	wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 79 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cashley MD

Montpelier (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12-1-19 19

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 6 1976

JUN 1 6 1976

964 - 113 - 004 - 997

Amended 5-31-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74000
Local Reg. No.
Reg. Dist. No. 52

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bern
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bern
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ray
b. (Middle): McKay
c. (Last): Romero

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 13, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Alvin
b. (Middle): L.
c. (Last): Romero

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mt. Pleasant, Utah

10. USUAL OCCUPATION: Forest Ranger, U.S.A.

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Pearl
b. (Middle): E.
c. (Last): Rigby

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wayan, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. H. King, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12-1-1919

22. REGISTRAR'S SIGNATURE: H.H. King

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address N OF VITAL STATISTICS, BOISE, IDAHO.

Delayed Certificate

(Be sure the information is complete and accurate)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bern, Idaho
Bear Lake Co
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bern, Idaho
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Delivery at Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Bern, Ida
b. COUNTY: Bear Lake Co
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bern, Idaho
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)
a. (First): Ray
b. (Middle): McKay
c. (Last): Romero

4. SEX: Male

5a. THIS BIRTH: SINGLE Yes TWIN_____ TRIPLET_____

5b. IF TWIN OR TRIPLET (This child born): 1st_____ 2nd_____ 3rd_____

6. DATE OF BIRTH (Month) (Day) (Year): October 13, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Alvin
b. (Middle): Leonal
c. (Last): Romero

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Mt. Pleasant, Utah

10. USUAL OCCUPATION: Plumber

11. KIND OF BUSINESS OR INDUSTRY: Plumbing

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Pearl
b. (Middle): Elizabeth
c. (Last): Rigby

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wayan, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Pearl Michaelson, Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. H. Kung M.D.

18. ATTENDANT AT BIRTH: M.D. ✓ MIDWIFE_____ OTHER (Specify)_____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED: April 19, 1966

21. DATE REC'D BY LOCAL REG.

22. REGISTRAR'S SIGNATURE

23. DATE ON WHICH GIVEN NAME ADDED
BY_____
Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY: _____ WEEKS

WEIGHT AT BIRTH: _____ LBS. _____ OZS.

Was a standard serological test for syphillis performed? Yes * No_____
Approximate date_____

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?
YES_____ NO_____

METHOD OF DELIVERY

BIRTH INJURY TO INFANT
_____ YES IF YES, DESCRIBE
* NO

CONGENITAL MALFORMATIONS OF INFANT
_____ YES IF YES, DESCRIBE
* NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
APR 21 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 74000

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Leonal Romero (Name on Original Certificate) who was born (Was Born or Died) on Oct. 13, 1919 (Date of Event)

in Bern, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church--physican recd's (Bible Record, Insurance Policy, Etc.) prepared on April 19, 1966 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Leonal Romero	Ray McKay Romero
Father's Birthplace	Utah	Mt. Pleasant, Utah
Mother's Birthplace	Idaho	Wayan, Idaho

Subscribed and sworn to before me this 19th day of April, 1966

Ruth Bland

Notary Public, residing at Montpelier, Idaho

My commission expires March 6, 1968

(Seal)

Signed Ray McKay Romero

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Montpelier Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April, 1966

Ruth Bland

Notary Public, residing at Montpelier Idaho

My commission expires March 6, 1968

(Seal)

Signed John R. Rigby

(Signature of Any Credible Person)

604 Jefferson Montpelier, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 3-30-66. nm

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Deacon, Nov. 8, 1931 gives full nameas Ray McKay Davis, born Oct. 12, 1919 at Bern, Idaho to Alvin L. Romero and Pearl E. Rigby - baptized March 4, 1928 -viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Bern

No. 964-113-004-997 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 74000

Primary Registration District No. 2136

Registered No.

FULL NAME OF CHILD Leonal Romero

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 13th 1919

FATHER		MOTHER	
FULL NAME	Alvin L. Romero	FULL MAIDEN NAME	Pearl E. Rigby
RESIDENCE	Bern Ida	RESIDENCE	Bern, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Forest Ranger U.S.A.	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or [redacted]), at 12 36 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. King MD

Physician (Physician or [redacted])

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 12-1-1919 H. H. King

Registrar

Registrar

JUN 7 1965
MAY 31 1966
MAY 12 1967

499-212-004-818 5 919.

name added 4-25-85 dl

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-3-16

74001

County of Bear Lake

City of Wardboro Registration District No. 52 File No.

No. St. Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD Deliliah Dimick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fml	VI	yes	10-12-19

FATHER		MOTHER	
FULL NAME	Albert S Dimick	FULL MAIDEN NAME	Manda Dayton
RESIDENCE	Wardboro	RESIDENCE	Wardboro
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wardboro	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth VI Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 49 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Ashley

Montpelier (Physician or Midwife)

Given names added from a supplemental report.

19

Address Montpelier Idaho

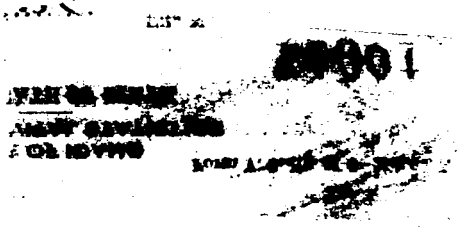
Registrar

Filed 12-1 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



3-8-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAR 1 5 1985
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 74001
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Dimick (Name on Original Certificate) who born (Was Born, Died, etc.) on Oct 12, 1919 (Date of Event)
in Wardboro (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Delilah Dimick

Subscribed and sworn to before me this 13th day of March, 1985
Notary Public, Linda Kay
Residing at S.L.C. Utah
My commission expires 7-2-86
(Seal)

unknown Dimick
by Delilah Hansen
Signature of Applicant
1087 Remington Way, S.L.C. Ut. 84104
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Group Ins Policy from Ideal National Ins co. lists insured as Fred L Hansen and Beneficiary as Deliliah Hanse, Wife. Dated Oct 1, 1975. Viewed by V.S.

1962 Withholding Tax Statement from Grand Central Stores in Salt Lake City, Utah lists employee as Deliliah Olds. Viewed by V.S.

APR 25 1985

855-209-004-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 74002

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Donna Mary Catherine Henderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. 9th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George T. Henderson	FULL MAIDEN NAME	Emma Grace Chandler
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ill
OCCUPATION	Forest Ranger U.S.A.	OCCUPATION	Mfr

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 3 20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kingsley

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 12-1-1919

H H Kingsley
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 1943

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74002

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Mary Catherine Henderson (Name on Original Certificate) who was born (Was Born or Died) on October 9, 1919 (Date of Event) in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
full name of child	Mary Catherine Henderson	Donna Mary Catherine Henderson

Subscribed and sworn to before me this 9 day of October, 1967.

Hazel A. Hazelbaker
Notary Public, residing at Eagle, Idaho
My commission expires Sept. 28, 1968
(Seal)

Signed George G. Henderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Photo Copy of Grade Transcript of Kingsburg Joint Union High School, Kingsburg, California, date of entrance-Sept. 25, 1933, graduated June 11, 1937 gives full name as Donna Mary Catherine Henderson, born Oct. 9, 1919 at Montpelier, Idaho - viewed by V.S.

OCT 24 1967

Statement from Robert R. Board, Registrar, Fresno State College, Fresno, California, dated Oct. 13, 1967 states "This is to verify that Donna Mary Catherine Henderson stated on her application at the time of matriculation that her da birthdate was October 9, 1919." - viewed by V.S.

495-208-004-236

PLACE OF BIRTH

County of Bear Lake

City of Nounnan

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74003

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD ..... Ruth Effie Minnig

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	—		2	Yes	Oct. 8th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H. Minnig	FULL MAIDEN NAME	May Stock
RESIDENCE	Nounnan	RESIDENCE	Nounnan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Adaville, Wyom.	BIRTHPLACE	Fish Haven, Ida
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth ... 2 Number of children of this mother now living, including present birth ... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Ida.

Filed 12-1-1919

H H Kung
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 30 1970

AUG 27 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } SS.
County of ..... }

RECEIVED
AUG 12 1970
Bureau of Vital Statistics

Certificate No. 74003

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Minnig (Name on Original Certificate) Burea who born (Was Born or Died) on Oct. 8, 1919 (Date of Event)

in Nounnan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	RUTH EFFIE MINNIG

Subscribed and sworn to before me this 10 day of August, 1970

Celeste W. Webb

Notary Public, residing at Paris

My commission expires May 13, 1973

(Seal)

Signed John H. Minnig
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of August, 1970

Celeste W. Webb

Notary Public, residing at Paris

My commission expires May 13, 1973

(Seal)

Signed Lee Allemon
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Certificate of Blessing from LDS Church gives name as Ruth Effie Minnigg daughter of John H. Minnigg and Mae Stocks. Born Oct. 8, 1919 at Nouman, Idaho. was blessed Dec. 7, 1919 by Elder N. W. Skimmes. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives name as Ruth Effie Minnigg daughter of John Henry Minnigg and May Vivian Stock. Born Oct. 8, 1919. at Nouman, IDaho. Was Baptized Sept. 8, 1929 by Emmons N. Williams, Elder. Signed by E. P. Horsfall, Bishop. Viewed by V. S.

271-202-004-356

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 74004

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Girl~~ Jennie Sparks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl			4	Yes	Oct. 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Geo. A. Sparks	FULL MAIDEN NAME	Sarah Lewis
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Clarkston, Ut.	BIRTHPLACE	Paris, Ida.
OCCUPATION	Stock Raising	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Ida.

Filed 12-1- 1919

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74004

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Sparks (girl child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1919 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jennie Sparks

Subscribed and sworn to before me this 13th day of October, 1964
Ruth Aland
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Montpelier, Idaho (Uncle)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of December, 1964
Ruth Aland
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Alta H Weaver
(Signature of Any Credible Person)

Bennington Idaho
(Street Address, City, State)

FORM DH 60-155 CL 9-10-64. nm

Photo copy of Marriage Certificate for Jack Rolland Crane and Jennie Sparks, Married January 25, 1939, at State of Utah, County of Salt Lake - viewed by V. S.

DEC 17 1964

L. D. S. Seminaries, Certificate of Graduation for Jennie Sparks, graduated May 16, 1937 - viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Nauvoo

No. 229-117-004-344 St.

Hospital

Registration District No. 52

Primary Registration District No. 2136

File No. 74006

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	9 17 1919

FATHER		MOTHER	
FULL NAME	Capt. Skinner	FULL MAIDEN NAME	B. A. Lindsing
RESIDENCE	Nauvoo	RESIDENCE	Nauvoo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Nauvoo	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 10-1-19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

No. 493-117-004-693 St.

Registration District No. 52

Primary Registration District No. 2136

File No. 74007

Registered No.

Hospital

FULL NAME OF CHILD Stanley Michaelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	3	Yes	8 17 1919

FATHER	MOTHER
FULL NAME: Rasmus Michaelson	FULL MAIDEN NAME: Clara Willison
RESIDENCE: St Charles	RESIDENCE: St Charles
COLOR: W AGE AT LAST BIRTHDAY 33 (Years)	COLOR: W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE: St Charles	BIRTHPLACE: St Charles
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 129 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Cushley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 10-1-1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bear Lake

CERTIFICATE OF BIRTH

City of Montpelier

Registration District No. 52

File No. 74008

No. 523-125-004-259 St.

Primary Registration District No. 236

Registered No.

Hospital

FULL NAME OF CHILD FRANK EUGENE ESCHLER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	JUNE 25 1919

FATHER		MOTHER	
FULL NAME	R. N. Eschler	FULL MAIDEN NAME	Lulu Ilean Berrier
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Farmer	BIRTHPLACE	Cahuilla Nye
OCCUPATION	Nordbird	OCCUPATION	Nye

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Registrar

Filed Oct 1st 1919 [illegible]

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

JUN 6 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Arizona } ss.
County of Pima

Certificate No. 74008
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Frank Eugene Eschler (Name on original certificate) who was born (Was born or died) on June 25, 1919 (Date of event)
in Montpelier, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church records (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	None	Frank Eugene Eschler
Birth date	July 10, 1919	June 25, 1919
Mothers name	L. I. Barris	Lulu Ilean Berrier Eschler

Subscribed and sworn to before me this 4th day of June, 1941
Notary Public, residing at Tucson, Arizona
My commission expires
[SEAL]

Signed Ruben Eschler (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
318 Keith Bldg, Cleveland Ohio
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Wisconsin } ss.
County of Dane

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of May, 1941
Earl L. Culp
Notary Public, residing at MADISON, WIS
My commission expires My Commission Expires August 6, 1942
[SEAL]

Signed Lynn D. Gee
(Signature of any credible person other than the previous affiant)
220 No Mills, Madison Wis
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

6/12/41 Z.J.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74009

County of Bear Lake

City of Montpelier

155-124-004/785

No. ..... St.

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	7 24 1919

FATHER		MOTHER	
FULL NAME	James Jensen	FULL MAIDEN NAME	Naoma Phelps
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cushley

Montpelier

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 1 1919 H H King

Registrar

1919-

dup of 374456

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-111-013-142

[redacted] OF BIRTH

Form V. S. No. 11-O—[redacted]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Camas

City of Soldier

No. 2 Mt. North St.
1 Mt. East

Hospital

Registration District No. 58d

Primary Registration District No. 2138

File No. 74010

Registered No.

FULL NAME OF CHILD CHARLES WESLEY WELLS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male.		yes.	Nov. 11th 1919

FATHER		MOTHER	
FULL NAME	Allen Clay Wells	FULL MAIDEN NAME	Alda Permelia Justus
RESIDENCE	Soldier, Idaho.	RESIDENCE	Soldier, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wilencheck

Phys (Physician or midwife)

Given names added from a supplemental report.

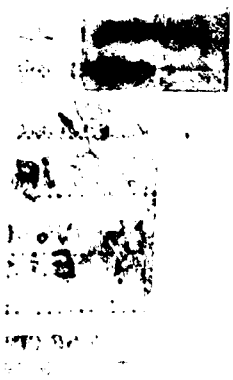
Address Fairfield, Idaho.

19

Filed Nov 14 1919

L. Wilencheck
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7h010

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1919 (Date of Event)
in Soldier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Service Discharge Papers (Bible Record, Insurance Policy, Etc.) prepared on 1945 (Date Prepared), are:
Viewed by Div. of Vital Statistics.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Full Name	"Unnamed"	Charles Wesley Wells

Subscribed and sworn to before me this 11 day of
January, 19 55

Notary Public, residing at Boise, Idaho
My commission expires 3-25-1957
(Seal)

Signed Alta P Wells
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of
January, 19 55

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Charles W Wells
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

JAN 12 1956

355-1/9-013-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canas

City of Soldier

No. 2 1/2 M. West 2 M. North St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74011

Registration District No. 58 4

Primary Registration District No. 21.2.8

File No.

Registered No.

FULL NAME OF CHILD James William Leek

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.			Yes.	Nov. 19 1919

FATHER		MOTHER	
FULL NAME	William Walter Leek	FULL MAIDEN NAME	Ethel Fulde
RESIDENCE	Soldier, Idaho	RESIDENCE	Soldier, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pa.	BIRTHPLACE	Calif
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) I Wilencheck

Phys. (Physician or midwife)

Address Fairfield, Idaho.

Filed Dec 3 1919

I Wilencheck Registrar

APR 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-125-013-951

PLACE OF BIRTH

County of Camas

City of Soldier

No. 4 M. West of 1 M. North St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-5-17

Registration District No. 58th File No. 7012

Primary Registration District No. 2138 Registered No.

FULL NAME OF CHILD William Mc Cann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.			Yes.	Nov. 25 1919

FATHER		MOTHER	
FULL NAME	James H. Mc Cann	FULL MAIDEN NAME	Alleen Rea
RESIDENCE	Soldier, Idaho.	RESIDENCE	Soldier, Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Arkansas.	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) L Willencheck

Phys.
(Physician or midwife)

Address Fairfield, Idaho

Filed Dec 3 19 19

L Willencheck
Registrar

993-121
027-212
PLA[redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74013

County of [redacted]

City of Eden

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1912017 Registered No.

Hospital Home

FULL NAME OF CHILD Ralph Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Boy			10	L.	Oct.	21	1919

	FATHER	MOTHER
FULL NAME	John H. Rice	FULL MAIDEN NAME Almeda M Baker
RESIDENCE	Eden	Eden
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	35
BIRTHPLACE	Ark	Ark
OCCUPATION	Farm	H

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted] (Born alive or stillborn) at 8 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. G. Price.

(Physician or midwife)

Address Eden - Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 26 1919 E. D. Piper M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-207-027-759

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Amended 8-19-81

No. ..... St.

Hospital .....

Registration District No. 23 File No. 74014

Primary Registration District No. 18172 017 Registered No. .....

FULL NAME OF CHILD Birdie Helen Johansen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl				Leg	Nov 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ferdinand Andrew Johansen	FULL MAIDEN NAME	Agnes Perkins
RESIDENCE	Hazelton	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Norway	BIRTHPLACE	Ida
OCCUPATION	Road builder	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:09 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B. G. Price.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Eden Idaho

Filed 1-3 1919 E. V. Pipes

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-D72-637

Dup of 1919 D72-637

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 19 4 58 AM '81

Certificate No. 74014
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Joe Hansen (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 1918 (Date of Event)

in Eden (Jerome) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Birdie Helen Johansen
father's name	Ferry Joe Hansen	Ferdinand Andrew Johansen

Subscribed and sworn to before me this 19th day of August, 1981.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

Signature of Applicant

6307 Randolph Dr. Boise, IDA
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certificate on file with Bureau of Vital Statistics, Boise, Id gives name as Birdie Helen Johnasen. Child born July 20, 1939. MOther age 19 at time of child's birth.
Viewed by V.S.

Hospital Record issued by St. Benedickt's Hosptial give name as Birdie Helen Johansen born November 7, 1919, to Agnes Perkins and Ferdinand Andred Johansen.

Family record issued October 11, 1972, gives name as Birdie Helen Johansen born November 7, 1919 at Eden , Idaho to Agnes Perkins and Ferdinand Andrew Johansen.
Viewed by V.S.

468-205-027-612 ADDED CHILD'S NAME 3-2-2001 MS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74015

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD VELORA L MOYES

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl.	X		X	Leg	Nov (Month) 5 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. R. Moyes	FULL MAIDEN NAME	Minnie Faker
RESIDENCE	Hazlton	RESIDENCE	Hazlton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Houskeeper.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B. C. Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Eden Idaho

Filed Dec 3 1919 E. D. [illegible] M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

2-20-2001

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Washington } ss.

RECEIVED VITAL STATISTICS
01 MAR -1 AM 9:56

Certificate No. 1919-74015
Date Filed DEC. 3, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED MOYES (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 5, 1919 (Date of Event)

in EDEN (JEROME) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED MOYES	VELORA L MOYES

Subscribed and sworn to before me this 26 day of February, 2001

Notary Public, Geneva C. Bringhurst

Residing at Hurricane UT

My commission expires 11-26-2002

(Seal)

NOTARY PUBLIC
Geneva C. Bringhurst
279 West Sta
Hurricane, Utah 84737
Commission Expires
November 26, 2002
STATE OF UTAH

x Velora Schmutz
Signature of Applicant

x 1019 N Main St
Street Address, City, State
Hurricane UT 84737

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

200 pcl

STATE OF UTAH CERTIFICATE OF MARRIAGE SHOWS VELORA L MOYES AND RUDGER CARLO SCHURTZ WERE MARRIED NOV. 21, 1935 VIEWED VS.

FAMILY RECORD ISSUED TO VELORA L MOYES SCHURTZ IN 1981 VIEWED VS.

251-214-027-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 74016

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Leg	Nov 14 1919

FATHER		MOTHER	
FULL NAME	Drury Beact	FULL MAIDEN NAME	Minnie Walling
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Tenn	BIRTHPLACE	Ten
OCCUPATION	Labor	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B A Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Eden

Registrar

Filed Dec 3 1919 E. D. Piper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-D77-257

385-225-027-566

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Eden Registration District No. 25 File No. 74017

No. ____ St.

Primary Registration District No. 1917-20 Registered No. ____

Hospital ____

FULL NAME OF CHILD Nellie Lyon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Leg	Nov 25 1919

FATHER		MOTHER	
FULL NAME	William Lyon	FULL MAIDEN NAME	Mae Newdma
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ind
OCCUPATION	Farmer.	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 7-30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B C Pence

(Physician or midwife)

Address Eden Idaho.

Given names added from a supplemental report. ____ 19____

Registrar

Filed Dec 3 1919 E. D. Wilson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-249727

NOT

152-213-027-685

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 74018

Primary Registration District No. 1917-2017 Registered No. .....

FULL NAME OF CHILD Gladys Ruth Gnsell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Leg	Nov 13 19 19

FATHER		MOTHER	
FULL NAME	L. J. Gnsell	FULL MAIDEN NAME	Vanna M. Wheat
RESIDENCE	Eden Hazelton	RESIDENCE	White
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B. G Price

(Physician or midwife)

Address Eden Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 3 1919 E. D. Pipe

Registrar

JAN 3 1987

662-224-027-847

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74019

County of Jerome

City of Eden

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-2017 Registered No.

Hospital

FULL NAME OF CHILD Margaret Francis Foster

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Nov (Month) 24 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C B Foster	FULL MAIDEN NAME	Ruth Hughes
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Kan	BIRTHPLACE	Ida
OCCUPATION	Lab	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B A Prem M.D

Eden, Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 3 1919 E. D. Piper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-208-027-619

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74020

County of Jerome.

City of Eden

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1817-2017 Registered No.

Hospital

FULL NAME OF CHILD MARGARET ANN MONTGOMERY

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Leg	June 8 1919

FATHER		MOTHER	
FULL NAME	E. C. Montgomery	FULL MAIDEN NAME	Stella Swearingen
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	House Keeper.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 15 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) Dr B Ed Price.

(Physician or midwife)

Address Eden Idaho.

Filed Dec. 3 1919 C. S. Tipton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 74020

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was Born (Was Born or Died) on November 2, 1919 (Date of Event)
in Eden, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Margaret Ann Montgomery

Subscribed and sworn to before me this 20th
day of June, 1942

H Ernest Coupe
Notary Public, residing at Jerome, Idaho
My commission expires 8th of January 1944
(Seal)

Signed E C Montgomery
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Eden, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of June, 1942

Notary Public, residing at Hazelton, Idaho
My commission expires Sept. 27, 1945
(Seal)

Signed Theodore P. Knight
(Signature of Any Credible Person Other Than Previous Year)

Hazelton Idaho
(Street Address, City, State)

JUN 29 1942

JUN 30 19

813-126-027-165

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. 10 miles N&E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1017-2017 File No. 74021

Primary Registration District No. 23 Registered No.

FULL NAME OF CHILD Hatfield

Sex of Child male | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov (Month) 26 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Nelson P Hatfield	FULL MAIDEN NAME Grace Jones
RESIDENCE Jerome	RESIDENCE Jerome
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Colo.
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C P Jones M.D.

(Physician or midwife)

Address Shoshone

Filed Dec 3 1919

E. D. Piper M. D.

Registrar

319-109-029381

PLACE OF BIRTH

County of Latah

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

74022

Registration District No. 61

Primary Registration District No. 214

File No. .....

Registered No. 157

FULL NAME OF CHILD George Fredrick Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes	Nov 9 (Month) (Day) 191[illegible] (Year)

FATHER

FULL NAME Ralph W. Carpenter

RESIDENCE [illegible] Viola Idaho

COLOR White AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Vanna Chaney

RESIDENCE Viola Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION House Keeping

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] Moscow
(Physician or midwife)

Address Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 2 1919

[illegible] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-226-029-295 [redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of

No. St.

Hospital

Registration District No. 61

Primary Registration District No. 2141

File No. 74023

Registered No. 155

FULL NAME OF CHILD Alta Marie Chaney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Nov 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph G. Chaney	FULL MAIDEN NAME	Edna McBingman
RESIDENCE	Viola Idaho	RESIDENCE	Viola Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 955 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

Moscow (Physician or midwife)

Given names added from a supplemental report.

Address Idaho

..... 19.....

Filed Dec. 2" 1919 W. H. Carthers

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Oct 28, 1940. E.W.

[redacted]

MAIL O[redacted]
NOT TO[redacted]

PLACE OF BIRTH

[redacted] State Board of Health

Record No. 74024

County of Latah

City or Town of Garfield Wash R7D9

491-109-029-666

Registration Dist. No. 61 2141

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registered No. 149

(No. ....., ... St.; ..... Ward)

FULL NAME OF CHILD Unnamed { If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Nov (Month) 9 (Day), 1919 (Year)

FATHER	MOTHER
Full Name: Russel John Dial	Full Maiden Name: Della Agnes Wood
Residence: Latah County Idaho	Residence: Latah County Idaho
Color: White — Age at last Birthday 24 (Years)	Color: White — Age at last Birthday 20 (Years)
Birthplace (State or Country): Idaho	Birthplace (State or Country): Nebraska
Occupation: Farmer	Occupation: House wife

Number of child of this mother 2 — Number of children, this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive / ~~stillborn~~ } † and that it occurred on November 9, 1919, at 1 P.M.

(Signature) P E Wiesel

(Physician ~~or Midwife~~)

Address Garfield Wash

Filed Nov 22, 1919 W H Carithers Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

V. S.—No. 8.

719-206-029-296

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

[redacted] F IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

74025

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 156

FULL NAME OF CHILD MARGARET LUCILLE PARKINS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Nov (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Robt B. Parkins	FULL MAIDEN NAME	Hatte Brown
RESIDENCE	Moscow	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adams

Moscow (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho

Registrar

Filed Dec. 2" 1919 W. H. Carthers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELETED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }ss.
County of LATAH }

Certificate No. 74025

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Margaret Lucille Parkins

Subscribed and sworn to before me this 6
day of June, 1942.
Martin L. Muckley
Notary Public, residing at Moscow Idaho
My commission expires Feb 4-1944
(Seal)

Signed Mrs. R. B. Parkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1200 "E." St. Moscow Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

JUN 9 1942

MAR 21 1961

AUG 3 1945

JUN 12 1942

958-105-029-434

[redacted]

Form 8-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74026

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 154

FULL NAME OF CHILD Esthers Marian Reynolds

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 5 1917

FATHER		MOTHER	
FULL NAME	John D. Reynolds	FULL MAIDEN NAME	Anna McDonald
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Penn, Mo.	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Cadwell

Moscow (Physician or midwife)

Address Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 2" 1917 W. H. Carithers Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 4/4/41 OPMF

553-124-029-213

Form V. S. No. 11-C—25m-9-8-17

74027

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. 811 S. Wash. St.

Hospital

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 153

FULL NAME OF CHILD Donald Kenneth Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Walter Nelson	FULL MAIDEN NAME	Clara Sather
RESIDENCE	811 S. Wash., Moscow, Ida.	RESIDENCE	811 S. Washington, Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:59 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wise

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

19

Filed Dec 2 1919 W. H. Carithers
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 21 1948
JUL 8 1976

249-128-029-252

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 S. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74028

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 151

FULL NAME OF CHILD Harold Edwin Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 28 1919

FATHER		MOTHER	
FULL NAME	Bert Allen Smith	FULL MAIDEN NAME	Agnes Beswee
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Illinois	BIRTHPLACE	Rome, New York
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. L. Fritzman M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Dec 3 1919

W. T. Carothers Registrar

AUG 7 - 1953

296 - 122 - 025 - 499

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-6-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61

Primary Registration District No. 101

File No. 74029

Registered No. 100

FULL NAME OF CHILD William Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 23 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lemard L. Brown	Mary B. Driscoll
RESIDENCE	Moscow, Idaho	Moscow, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Moscow, Idaho.	Troy, Idaho
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. L. Gritman

(Physician or midwife)

Address Moscow Idaho

Filed Dec 12 1919

W. H. Carithers Registrar

FEB 2 1944

4-8-4

693-117-029-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 61

Primary Registration District No. 1011

File No. 74030

Registered No. 148

FULL NAME OF CHILD J. Howard Adrian Wiley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 17, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Will Edwin Wiley	FULL MAIDEN NAME	Moselle Coleman
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Palouse, Wash.
OCCUPATION	High School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Moscow, Idaho.

Filed Nov 22 1919 W. H. Carithers

Registrar

2/18/41 L. B.

FORM V. S NO 27B

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Moscow Ida

Street and House No.

County Latah

Registered No.

Registration Dist. No. 148

Sex of Child Male

Date of Birth Nov 17 1919
MONTH DAY YEAR

Father Will Edwin Wiley
FULL NAME

Mother Mizelle Coleman
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Howard Adrian Wiley
GIVEN NAME IN FULL SURNAME

as reported by Mizelle C. Wiley
FATHER OR MOTHER

W. H. Carithers
LOCAL REGISTRAR

399-215-029-555

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. 412 Spotswood St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61

File No. **74031**

Primary Registration District No. 1011

Registered No. 147

FULL NAME OF CHILD Ruby Trimble

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Trimble	FULL MAIDEN NAME	Martha E. Emert
RESIDENCE	412 Spotswood St Moscow	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Lucas Co Iowa	BIRTHPLACE	Blount Co Tennessee
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Nov 22 1919 W. H. Carthers

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1942

669-212-029-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. 7 1/2 So. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 — File No. 74032

Primary Registration District No. 1011 — Registered No. 146

FULL NAME OF CHILD Phyllis Foredyce

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 12 1917

FATHER		MOTHER	
FULL NAME	Frank Foredyce	FULL MAIDEN NAME	Belle Patton
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Washington	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Nov 22 1917 — W. H. Carruthers
Registrar

FORM V. S NO 170. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Moscow

Street and House No.

County Latah

Registered No.

Registration Dist. No. 146

Sex of Child Female

Date of Birth Nov 12 1917
MONTH DAY YEAR

Father Frank Foredyce
FULL NAME

Mother Bessie Parton
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Phyllis Foredyce
GIVEN NAME IN FULL SURNAME

as reported by Frank Foredyce
FATHER OR MOTHER

N. H. Carothers
LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4115-210-029-813

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Gauthers

Form V. S. No. 11-C—20m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 74033

Primary Registration District No. 1011 Registered No. 145

FULL NAME OF CHILD Lilas Marie Daniels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 10 1919

FATHER	MOTHER
FULL NAME Albert Fletcher Daniels	FULL MAIDEN NAME Helen Minerva Hall
RESIDENCE Rt. 1 Moscow, Ida.	RESIDENCE Rt. 1 Moscow, Ida.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Atwater, Minnesota	BIRTHPLACE Atwater, Minn.
OCCUPATION Farmer	OCCUPATION Farmer's wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) N. H. Gauthers

Physician (Physician or midwife)

Address Moscow

Filed Nov 10 1919 N. H. Gauthers Registrar

NOV 19 1942

693 - 213 - 029 - 391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of: Latah

City of: Moscow

No. 329 Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 61

File No. 74034

Primary Registration District No. 1011

Registered No. 11H

FULL NAME OF CHILD: Edith Thelma Williams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John S. Williams	Lonnie Craddock
RESIDENCE	Moscow, Idaho	Moscow, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Moscow, Idaho	Churchill, Texas
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Clark, M.D. (Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report.

Dec. 3 1919

W. H. Carruthers Registrar

Filed Nov. 22 1919

W. H. Carruthers Registrar

MAY 3 1 2001

MAR 20 1952

413-108-029-867

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main *St.*

Hospital The Gritman

Registration District No. 61

Primary Registration District No. 1011

File No. 74035

Registered No. 143

FULL NAME OF CHILD Gerald Blaine Mack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 8, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Blaine Mack	FULL MAIDEN NAME	Louisa Jane Hopkins
RESIDENCE	Moscow, Idaho. R. D.	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Missouri.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

Dec 3, 1919

W. H. Carithers
Registrar

Address Moscow, Idaho.

Filed Nov 22 1919

W. H. Carithers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1942

OCT 13 1942

MAY 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 256 - 206 - 429 - 31

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So Main St.

Hospital The Gritman

Registration District No. 61

File No. 74036

Primary Registration District No. 1011

Registered No. 142

FULL NAME OF CHILD Dorothy Jean Snow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 6 - 1919

FATHER		MOTHER	
FULL NAME	Charles C. Snow	FULL MAIDEN NAME	Alice Clark
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	California
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at (Born alive or stillborn) at 11:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow, Idaho.

Filed Nov 22 1919 W. H. Carothers

Registrar

Registrar

FORM V. S. NO. 27B 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Moscow

Street and House No.

County Latah

Registered No. 61

Registration Dist. No. 1011

Sex of Child Female

Date of Birth Nov 6 1920
MONTH DAY YEAR

Father Charles C Snow
FULL NAME

Mother Alice Clark
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Dorothy Jean Snow
GIVEN NAME IN FULL SURNAME

as reported by Alice Snow
FATHER OR MOTHER

W. H. Carithers
LOCAL REGISTRAR

DEC 1 1 1975

386-225
029-814

PLA

STATE OF ID
BUREAU OF VITAL
CERTIFICATE OF

74037

County of

City of M

Registration District No. 61

No. St.

Primary Registration District No. 1011 Registered No. 141

Hospital

FULL NAME OF CHILD Carol Margaret Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female				Oct 25 (Month) (Day) 191? (Year)

FATHER		MOTHER	
FULL NAME	Ben Lincoln Thomas	FULL MAIDEN NAME	Grace Margaret Hummond
RESIDENCE	Moscow Ida.	RESIDENCE	Moscow Idaho
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Echo Wash.	BIRTHPLACE	Moscow Idaho
OCCUPATION	U.S. Forest Service	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Given supplemental report

19

Registrar

Address

Filed Nov 22 19 19 M.H. Carruthers Registrar

S-Y CO. 2017

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-109-009-517

Form V.S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Cabinet.

No. ..... *St.*

Hospital .....

Registration District No. 80 — File No. 1 74038

Primary Registration District No. 2157 — Registered No. 32.

FULL NAME OF CHILD John. Maxwell. Dunn.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	Nov 9th 1919.

FATHER		MOTHER	
FULL NAME	Max. Dunn.	FULL MAIDEN NAME	Lilian. May. Nagel.
RESIDENCE	Cabinet. Ida.	RESIDENCE	Cabinet. Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	39.	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Michigan.	BIRTHPLACE	Idaho.
OCCUPATION	Mine Superintendent.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Two — Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2-30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Salmon M. D.

ClarksFork. Ida. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address .....

Filed 11-15 1919 John Larson *Registrar*

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-292292

219-101-016-254

PLACE OF BIRTH

County of Bannock

City of Standrod

No. ..... St.

Hospital Home

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 74039

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Richard Grant Barnes

Sex of Child Male | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Nov 1 (Month) (Day) 19 14 (Year)

FATHER

FULL NAME May Curtis Barnes

RESIDENCE Standrod Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Salt Lake Cty Ut.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rosetta A. Hempstead

RESIDENCE Preston Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Kelton Utah

OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

(Signature) C. L. Sater M.D

(Physician or midwife)

Address Malta Idaho

Filed Dec 1 19 14 C L Sater Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 22 2 17 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 74039

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Barnes (Name on Original Certificate) who born (Was Born or Died) on November 1, 1919 (Date of Event)
in Standrod, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Richard Grant Barnes

Subscribed and sworn to before me this 1st day of September, 1971
Irene Baxter
Notary Public, residing at Malta, Idaho
My commission expires June 1, 1972
(Seal)

Signed Mary C. Barnes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of September, 19 71
Irene Baxter
Notary Public, residing at Malta, Idaho
My commission expires June 1, 1972
(Seal)

Signed Joseph W. Barnes
(Signature of Any Credible Person)

Malta, Idaho.
(Street Address, City, State)

FORM DPH 55.155 NNCL 9-25-58. one copy pd.

Social Security Act Card #518-52-5804 gives name as Richard Grant Barnes. Viewed by V. S.

FEB 25 1972

Birth certificate of daughter born in Utah. Child's name listed as Paulette Camille Barnes. Born Feb. 26, 1952at Birgham City, Utah. Father's name given as Richard Grant Barnes and mother's name given as Colleen L. Tracy. Viewed by V. S.

689-229-016-633

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Elba

No. ..... St.

Hospital At home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 74040

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Melva Jennie Whitaker

Sex of Child Female | Twin / Triplet / or other? ( ) and ( ) Number in order of birth | Legitimate? Yes | Date of Birth Nov 29 (Month) (Day) 19 19 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Don Jennings Whitaker	FULL MAIDEN NAME Florence E. Otley
RESIDENCE Elba Idaho	RESIDENCE Elba Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Elba Idaho	BIRTHPLACE Elba Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 4 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Slater M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19....

Dec 1 19

Registrar

Filed Dec 1 19 19 C. I. Slater

Registrar

JAN 16 1942

253-115-06-819

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74041

County of Cassia

City of Albion Registration District No. 119 File No.

No. St.

Hospital At Home Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child Male | Twin Triplet or other? — | and | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov 15 (Month) (Day) 19 19 (Year)

FATHER	MOTHER
FULL NAME Albert Bell	FULL MAIDEN NAME Jennie M Harris
RESIDENCE Albion Idaho	RESIDENCE Albion Idaho
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Heber Cy Utah	BIRTHPLACE Park Cy Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P M. on the date above stated.

(Signature) L. L. Sater M D

(Physician or midwife)

Address Malta Idaho

Filed Dec 1 19 19 L. L. Sater Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

449-229-022-715

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Tremont

City of

No. St.

Hospital

Registration District No. 99

File No. 74042

Primary Registration District No. 217

Registered No.

FULL NAME OF CHILD Esther Murri

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jno H Murri	FULL MAIDEN NAME	Luella Panter
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Nov 10 1919

W B West

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

UNIV. OF IDAHO

MAY 20 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 24 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 74042

Date Filed Nov. 10, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Esther Murri (Name on Original Certificate) who was born (Was Born or Died) on Oct. 27, 1919 (Date of Event)
in Fremont County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. church record (Bible Record, Insurance Policy, Etc.) prepared on 4 Jan. 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth date	Oct. 27, 1969	Sept. 29, 1919
Father's age	36	35
Mother's age	24	25

Subscribed and sworn to before me this 21st day of July, 19 69

Robert F. Wallace
Notary Public, residing at American Falls, Idaho
My commission expires Nov. 22, 1969
(Seal)

X Signed Luella P. Murri
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 American Falls Idaho 83211
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Power }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of July, 19 69

Robert F. Wallace
Notary Public, residing at American Falls, Idaho
My commission expires Nov. 22, 1969
(Seal)

Signed Lynford Murri
(Signature of Any Credible Person)

Rt. 1 American Falls Idaho 83211
(Street Address, City, State)

FORM DH 60-155 CL 6/23/69 1cc pd.

LDS CHurch record of birth gives name as Esther Murri and date of birth as Sept. 29, 1919. Born in Twin Groves, Idaho. Father: John H. Murri and Mother: Luella Pante.. Viewed by V. S.

NOV-17 1969

Genealogical record gives name as Esther Murri born Sept. 29, 1919 in St. Anthony, Idaho. Record for father: John Henry Murri born Dec. 13, 1983.. Record also gives mother's name. Luella Panter born Oct. 6, 1893, Wilford, Idaho. Viewed by V. S.

APR 13 1975

Application for Social Security Account Number for Luella Panter Murri gives date of birth as Oct. 6, 1893 in Wilford, Idaho. Signed March 12, 1953. Viewed by V. S.

Obituary in Newspapaer of John H. Murri gives date of birth as Dec. 13, 1883 in Midway, Wasatch county, Utah. Viewed by V. S.

466-114-022-963

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 99

File No. 74043

Primary Registration District No. 277

Registered No. .....

FULL NAME OF CHILD Fred Rollinson Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 14th 1917

FATHER		MOTHER	
FULL NAME	Fred L. Moore	FULL MAIDEN NAME	Miriam Rollinson
RESIDENCE	Monida Mont	RESIDENCE	Monida Mont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Doncaster England
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger M.D. (Physician or midwife)

Address St. Anthony Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 10 1917

W. B. [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 26, 1970. E.M.

FEB 8 1971

FEB 15 1960

855-106-022-413

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 49 File No. 74044

No. ..... St.

Primary Registration District No. 2 77 Registered No. .....

Hospital .....

FULL NAME OF CHILD Guy Robt Hensley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male			9	Yes	9 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm Hensley	FULL MAIDEN NAME	Francis Matthews
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 10 1919 W Allen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1941

918-215-022-165

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74045

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. .....

Primary Registration District No. 217 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clara Ray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female			2	yes	9	15	1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Ray	Mary Jones
RESIDENCE	mont	mont
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	mont	mont
OCCUPATION	farmer	mother

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed NOV 10 1919

W D Clark
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

POSSIBLE DUP 1919-265586

553-221-041-985

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Canyon Creek

Registration District No. 94 File No. 74046

No. ..... St.

Primary Registration District No. 5177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Joe Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	3	yes	10 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Nels Nelson	FULL MAIDEN NAME	Ethel Byerly
RESIDENCE	Idy	RESIDENCE	Idy
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Phys (Physician or midwife)

Given names added from a supplemental report ..... 19..

Address St Anthony Idaho

Filed Nov 10 1919

W A Wirx
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. 4

795-226-022-766

Form V [redacted] 7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74047

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St.

Primary Registration District No. 277 Registered No.

Hospital

FULL NAME OF CHILD Florence Maxine Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			9	yes	10 26 19 19

FATHER		MOTHER	
FULL NAME	Wm Green	FULL MAIDEN NAME	Florence Poole
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	mother

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a M. on the date above stated.
(Born alive or stillborn)

(Signature) Mark Gray MD

(Physician or midwife)

Address St Anthony Ida.

Filed NOV 10 19 19 [illegible] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 29 1964

DECEASED

RECEIVED
AUG 17 1964
Bureau of Vital Statistics

AFFIDAVIT

STATE OF OREGON)
)ss.
County of Baker)

I, William Green, a resident of the City of Baker, Baker County, Oregon, of legal age and being first duly sworn, depose and say that;

I am the father of FLORENCE MAXINE MOFFATT, whose present address is Portland, Oregon. I further say that my daughter was born at St. Anthony, Idaho on October 26, 1919 and I was present at the time of her birth.

I further say that when the certificate covering my daughter's birth was written, in error, the name was written FLORENCE MARY GREEN and should have been written FLORENCE MAXINE GREEN.

William Green

Subscribed and sworn to before
me this 23rd day of July, 1964.

Notary Public for Oregon.

NOTARY PUBLIC FOR OREGON
My Commission Expires July 15, 1968

My Commission expires_____

613 - 208 - 009 - 842

PLACE OF BIRTH

Form V.S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74048

County of Bonner

City of Laclede

Registration District No. 81 File No.

No. St.

Primary Registration District No. Registered No. 34

Hospital

FULL NAME OF CHILD Eloise Bernice Walter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Nov 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Allan Walter	Mary Husek
RESIDENCE	Laclede Idaho	Laclede Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Iowa	Austria
OCCUPATION	Saw Mill employee	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive — (Born alive or stillborn) at 5 A M. on the date above stated.

(Signature) M R Kung

Physician
(Physician or midwife)

Address Laclede, Idaho

Filed Nov 10 1919 M R Kung
Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 2 1944

413 * 207-028-216

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74049

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital _____

Registration District No. 29

File No. _____

Primary Registration District No. 1050

Registered No. 135

FULL NAME OF CHILD Helen Elizabeth Malmquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 7th 1919

FATHER		MOTHER	
FULL NAME	Theodore Malmquist	FULL MAIDEN NAME	Beda C. Bjorklund
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer

Phys. (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Coeur d'Alene Idaho

Filed Dec. 2 1919 Gus Nelson Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

913-102-028-995

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

74050

County of Kootenai

City of Coeur d'Alene Ida Registration District No. 29 File No.

No. 1208 Park St. Primary Registration District No. 1030 Registered No. 119

Hospital

FULL NAME OF CHILD Roy David Rathbun

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		2	Yes	Oct 2 1917

FATHER	MOTHER
FULL NAME Ernest E. Rathbun	MAIDEN NAME Ruth Irvine
RESIDENCE Coeur d'Alene Ida	RESIDENCE Same,
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Washington
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood

(Physician or midwife)

Address Coeur D'Alene Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Nov. 12 1917 Guss Nelson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1962

443-205-028-661

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rural, Coeur d'Alene Ida. Registration District No. 29 File No. 74051

No. ..... St. Primary Registration District No. 2050 Registered No. 120

Hospital .....

FULL NAME OF CHILD Mullenax

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	all not		3	Yes	Oct. 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J. Mullenax	FULL MAIDEN NAME	Lucy Fawcett
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Woods MD, Sec

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur D'Alene Ida

Filed Nov. 12 1919 Geo. Nelson

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-208-028-252

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Registration District No. 27 File No. 74052

No. 2 W. Foster St. Primary Registration District No. 1030 Registered No. 121

Hospital

FULL NAME OF CHILD Betty Jean Smith

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Ship	2	Yes	Oct. 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willis Smith	FULL MAIDEN NAME	Alana Best
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wis
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John G. Wood M.D.

(Physician or midwife)

Address Coeur D'Alene Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Nov. 12 1919 Gus Nelson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-D49-2167

414-227-028-285

Amended 7-21-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74053
Local Reg. No. 122
Reg. Dist. No. 29

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene, Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Kootenai

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Virgie b. (Middle): Jean c. (Last): Daman

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 27, (Year) 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Royce b. (Middle): O. c. (Last): Daman

8. AGE (At time of this birth): 20 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mo.

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Esther b. (Middle): c. (Last): Shearer

13. AGE (At time of this birth): 19 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. John T. Wood

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Coeur d'Alene, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 12, 1919

22. REGISTRAR'S SIGNATURE: Gees Nelson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

PLEASE Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
N OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 19 1967 Bureau of Vital Statistics

State of ..... } ss. Certificate No. 74053

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Virgie Damon (Name on Original Certificate) who was born (Was Born or Died) on Oct. 27, 1919 (Date of Event)

in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Virgie Damon	Virgie Jean Daman
Full Maiden Name of Mother	Ester Scherer	~~Ester Schearer~~
Correct Name of Father	Royce O. Daman	Esther Shearer

Subscribed and sworn to before me this 26th day of May 1967

Chester Wheeler

Notary Public, residing at Kent, Wn.

My commission expires May 24, 1970

(Seal)

Signed Royce O Daman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte 4 Box 314A Chimbo Wash

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of May, 1967

Chester Wheeler

Notary Public, residing at Kent, Wn

My commission expires May 24, 1970

(Seal)

Signed Lloyd C. Daman

(Signature of Any Credible Person)

26030-135 SE-Kent, Wn

(Street Address, City, State)

FORM DH 60-155 CL 5-2-67. nm

Valley High School Diploma, Menlo, Washington, June 1, 1939 gives full name as Virgie Jean Daman - viewed by V.S.

Certificate of Marriage, No. A 24919, State of Washington, County of Spokane, married Nov. 24, 1918 at Spokane, Washington, gives full name of groom as Royce O. Daman and full name of bride as Esther Shearer - viewed by V.S.

Photo Copy of pages from Family Record Sheet from Family Bible, appears old and unaltered gives full names as Royce Owen Daman and Esther Shearer, daughter of this couple is given as Virgie Jean Daman, born Oct. 27, 1919 at Coeur d'Alene, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 29

File No. 74053

No. ..... St.

Primary Registration District No. 1050

Registered No. 122

Hospital .....

FULL NAME OF CHILD Virgie Damon

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Other	1	Yes	Oct 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Royce O. Damon	FULL MAIDEN NAME	Ester Scherer
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John T. Wood Sr

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur D'Alene Ida

Filed Nov. 12 1919 Geo Nelson

Registrar

Registrar

JUN 8 1964
JUL 21 1967

259-210-028-251

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene Registration District No. 29 File No. 74055

No. ..... St. Primary Registration District No. 1050 Registered No. 124

Hospital .....

FULL NAME OF CHILD Theodora Ann Kerl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas T. Kerl	FULL MAIDEN NAME	Lola M Beach
RESIDENCE	9 Lakeshore Drive Cd'A	RESIDENCE	Lakeshore Drive
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	New York City	BIRTHPLACE	St. Paul, Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Wood Physician
per Eva A. Zulke R.N.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur D'Alene Ida

Filed Nov 27 1919 Gil Nelson
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1956

JAN 10 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-129-028-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74056

County of Kootenai

City of Coeur d'Alene

Registration District No. 29

File No.

No. St.

Primary Registration District No. 1050

Registered No. 125

Hospital Cd'A.

FULL NAME OF CHILD Wilbur Donald Mayer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	Yes	Oct 29 1919

FATHER		MOTHER	
FULL NAME	Harry L. Mayer	FULL MAIDEN NAME	Gladys W. Salley
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Frazee Minn.	BIRTHPLACE	Durango Colorado
OCCUPATION	Laborer in Mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Hood physician per Eva A. Zielke R.N. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur D'Alene Idaho

Filed Nov. 27 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-217-028-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74057

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 126

Hospital Coeur d'Alene Hosp.

FULL NAME OF CHILD Elizabeth Jean

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			No	Nov. 17 1919

FATHER		MOTHER	
FULL NAME	Paternity unknown.	FULL MAIDEN NAME	Marjorie Dickson.
RESIDENCE		RESIDENCE	Spokane. Wash.
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	... (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE		BIRTHPLACE	Spokane. Wash.
OCCUPATION		OCCUPATION	Clerk.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John D. Wood

Physician

(Physician or midwife)

Address Coeur D'Alene Ida

Filed Nov. 27 1919 Geo. Nelson

Registrar

653-206-028-913

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene — Registration District No. 29 — File No. 74058

No. ..... St. — Primary Registration District No. 1050 — Registered No. 127

Hospital Coeur d'Alene

FULL NAME OF CHILD Patricia Louise Wethered

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov. 6 1919

FATHER		MOTHER	
FULL NAME	Chas. E. Wethered	FULL MAIDEN NAME	Ethran Adeline Rachey
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White — AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Anaconda, Mont.
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene Idaho

Filed Nov 27 1919 Gus Nelson

Registrar — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-220-028-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74059

Registration District No. 29 File No. .....

Primary Registration District No. 1050 Registered No. 128

FULL NAME OF CHILD Dorothy Marguerite Rayment

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one	one	yes	Oct 20 1919

FATHER	MOTHER
FULL NAME: Earl Wellington Rayment	FULL MAIDEN NAME: Pearl Anna Pettis
RESIDENCE: Coeur d Alene Ida.	RESIDENCE: Coeur d Alene Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Wisconsin
OCCUPATION: Lumber jack	OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9-30 A. M. on the date above stated.

(Signature) W. H. Haldeman

Physician (Physician or midwife)

Address Coeur D'Alene Ida.

Filed Dec 2 1919 Gus A. Nelson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

316-208-028-415

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **74060**

County of Kootenai

City of Coeur D'Alene

Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 129

Hospital

Full Name of Child Mary Elizabeth La Franz

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Female	one		one	yes	Nov 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick William La Franz	FULL MAIDEN NAME	Mimi Jeannette Mann
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Coeur d'Alene Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Coeur D'Alene Ida

Registrar

Filed Dec 2 1919 Gus Nelson Registrar

WRITE PLAINLY WITH UN... IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 5 1972

866-108-028-168

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74061

Registration District No. 2-4

File No. _____

Primary Registration District No. 1050

Registered No. 130

Full Name of Child Harvey Oliver Hoffman

SEX OF CHILD Male	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Nov (Month) 8 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Claude Harvey Hoffman	FULL MAIDEN NAME Anna Olivia Johnson
RESIDENCE Coeur d'Alene Ida	RESIDENCE Coeur d'Alene
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Mill man	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Coeur D'Alene Ida

Registrar

Dec 2 1919 Gus Nelson

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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DECEASED

235-318
028-318

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74062

County of Kootenai

City of Coeur D'Alene

Registration District No. 29

File No.

No. St.

Primary Registration District No. 1050

Registered No. 131

Hospital

Full Name of Child Elsie Marie Stewart

SEX OF CHILD	Twin Triplet or other?	Legitimate?	DATE OF BIRTH
Female	one (To be answered only in event of plural births)	yes	Nov 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Homer Stewart	FULL MAIDEN NAME	Clara L. Cahoon
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho.	BIRTHPLACE	Ellensburg Wash.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur D'Alene Ida

Filed Dec 2 1919 Gus Nelson Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1976
APR 1 6 1976

454-202-028-545

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74065

County of Kootenai

City of Coeur d'Alene Registration District No. 24 File No.

No. 615 Front St. Primary Registration District No. 1950 Registered No. 134

Hospital

FULL NAME OF CHILD Eileen May Underwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 2 1919

FATHER		MOTHER	
FULL NAME	Archie R. Underwood	FULL MAIDEN NAME	Daisy Emery
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Penn.	BIRTHPLACE	Australia
OCCUPATION	Engineman	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Phys.
(Physician or midwife)

Address Coeur d'Alene, Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 2 1919 Gus Nelson
Registrar

5-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

74065

PLACE OF DEATH

JUN 18 1956

291-119-029-275

Form V. S. No. 11-C—25m-9-8-17

[redacted]E OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

Registration District No. 64

File No. 74066

No. ..... St.

Primary Registration District No. 2144

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Herbert Branting

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	-	2	yes	Nov. 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oascar Branting	FULL MAIDEN NAME	Alice Spencer
RESIDENCE	Troy	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Troy Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

Nove 30 1919

Address Troy Idaho

J E Pickard Registrar

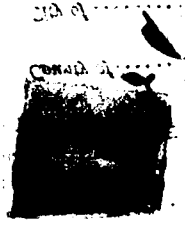
Filed Nove 30 1919

J E Pickard Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



315-210
005-226
PLAC[redacted]

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[redacted]m-6-15-18

STATE OF ID[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74067

County of Benewah

City of St Joe, Idaho.

No. _____ St.

Registration District No. 32

File No. _____

Primary Registration District No. 2049

Registered No. 82

Hospital _____

Full Name of Child Betty Jane Canon

SEX OF CHILD Female	Twin Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Nov (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank B. Canon	FULL MAIDEN NAME	Eva Frances Scott
RESIDENCE	St. Joe Idaho	RESIDENCE	St. Joe, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Harrison, Nebraska	BIRTHPLACE	Deer Park, Wash.
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles A. Robins
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address St. Maries Idaho

_____ Registrar

Filed Dec. 3 1919 H E Hunt
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

NOV 7 1967

NOV 3 1972

253-205-005-235

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **74068**

County of Benewah

City of St Maries

No. ..... St.

Hospital St Maries

Registration District No. 32 File No. .....

Primary Registration District No 2049 Registered No. 81

Full Name of Child Kathryn Louise Belt

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	Nov. (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Richard Belt	FULL MAIDEN NAME	Pearl Annet Stevens
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Chicago Ill,	BIRTHPLACE	New Port Washington
OCCUPATION	Manager of Sales Dept.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Clonwall

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Registrar

Filed Dec 3 1919 H E Hunt Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-116-005-296

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74069

County of Bewodah.

City of St Maries Ida

No. Country St.

Registration District No. 32 File No.

Primary Registration District No. 2049 Registered No. 80

Hospital

FULL NAME OF CHILD Oscar André Bel

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male.	—	—	yes.	Nov 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emele E. Bel	FULL MAIDEN NAME	Engele Broullet
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	white AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Switzerland.	BIRTHPLACE	Switzerland
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Kinsolving
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries

Filed Nov 20 1919 H E Hunt
Registrar

Registrar

S-Y CO. 24856

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1969

365-128-005-962

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74070

County of Benewah

City of St Maries

No. Country ~~St.~~

Hospital

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Lester Donald Covey.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	yes	Sept. 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar A. Covey	FULL MAIDEN NAME	Julia S. Robins
RESIDENCE	St Maries (County)	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Kinsolving
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address St. Maries Ida.

Filed Nov. 20 1919 H E Hunt
Registrar

Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1966

SEP 20 1955

895-112-005-763

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74071

County of Benewah

City of St Maries

No. 426-3d St.

Hospital —

Registration District No. 32

File No.

Primary Registration District No. 2049

Registered No. 78

FULL NAME OF CHILD Baby Hietala

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Nov 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Hietala	FULL MAIDEN NAME	Sofia Pollo
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (Died 1 day)

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Kinsolving

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address St Maries Ida

Filed Nov 15 1919 H E Hunt Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

964-106-040-

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

24072

County of Shoshone

City of Avery

Registration District No. 127

File No. 3

No. ..... St.

Primary Registration District No. 2400

Registered No. .....

Hospital .....

FULL NAME OF CHILD Hugh Benjamin Rous

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Nov. (Month) 6 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamin Harrison Rous	FULL MAIDEN NAME	Nellie Louise Johnson
RESIDENCE	Avery	RESIDENCE	Avery
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Railway Telegrapher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 p. M. on the date above stated.

(Signature) C Busey M.D.

(Physician or midwife)

Address Avery

Filed Nov 30 1919

C Busey
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 19 1942

255-211-029-381

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74073

County of Latah

City of Helmer

Registration District No. 2147 File No. 5

No. ..... St.

Primary Registration District No. 67 Registered No. 14

Hospital .....

FULL NAME OF CHILD Sarah Jane Kennedy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes	11 (Month) 11 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John E. Kennedy	FULL MAIDEN NAME	Sarah Chaney
RESIDENCE	Helmer	RESIDENCE	Helmer
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

11-12 1919 Address Deary

P. C. Faust Registrar Filed 11-12 1919 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 1944

553-214-029-236

PLACE OF BIRTH

County of Latah

City of Kendrick R.2.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-8-8-17

CERTIFICATE OF BIRTH 74074

Registration District No. 2147 File No. 5

Primary Registration District No. 67 Registered No. 13

FULL NAME OF CHILD .... Nettie May Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		V	Yes	Oct. 14 19

FATHER		MOTHER	
FULL NAME	Jans Nelson	FULL MAIDEN NAME	Lula Scott
RESIDENCE	Kendrick R.2.	RESIDENCE	Kendrick R.2.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust Physician (Physician or midwife)

Address Deary

Given names added from a supplemental report.

10 17 19

P. C. Faust Registrar

Filed 10 17 19

P. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

667-129-025-593

PLACE OF BIRTH File date 10/99/1919

[redacted] STATE OF IDAHO
U OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

74075

County of Idaho

City of Little Salmon River Registration District No. 104 File No.

No. Conntry St. Primary Registration District No. 2182 Registered No.

Hospital

FULL NAME OF CHILD Archild Fogan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Maurice J.Fagan	Charlotte M.Vickerman
RESIDENCE	P.O: New Meadows Ida.	P.O. New Meadows Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	33
BIRTHPLACE	Ellworth Minn.	Troskey, Minn.
OCCUPATION	Traveling Man	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elgie B.Cotzinger

Midwife (Physician or midwife)

Address Pollock, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed .....19.....

W. A. Toskett M.D.
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

File date added per DL from other
per DL from other certs
other certs 11/19/07 by

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74076

County of Idaho

City of Riggins Town

258-128-025-231

No. _____ St.

Hospital _____

Registration District No. 104

Primary Registration District No. 2182

File No. _____

Registered No. _____

FULL NAME OF CHILD George Robert Seyfried

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Anton J. Seyfried	FULL MAIDEN NAME	Bessie M. Scards
RESIDENCE	Riggins Ida	RESIDENCE	Riggins Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn), at 7:55 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. R. J. Scards

Nurse (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Riggins Ida.

Filed Oct 1919

W. A. Foskett M.D. Registrar

S-Y-CO 38071

[redacted]

MAY 30 1948

863-221-025-464

Amended 10-31-63

(Be sure the information is complete and accurate)

State File No. 74077

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 104

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Idaho	a. STATE: Idaho b. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Mary	Helen	Holbrook

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]		Oct.	21,	1919

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Jacob	Ephram	Holbrook	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
43 YEARS	Moscow, Ida.	Blacksmith	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Maggie	Louise	Doumecq	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
34 YEARS	Denver, Colorado	3	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE	18b. ATTENDANT AT BIRTH
W. A. Foskett, M.D.	M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: White Bird, Ida.	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
	W. A. Foskett, M.D.	

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

dence to DIVISION OF VITAL STATISTICS, [illegible]

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owr the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth c red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

(c) State all operations for delivery

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

OCT 23 1963

Bureau of Vital Statistics

State of Idaho }
County of Idaho } ss.

Certificate No. 74077

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Mary Hellen Holbrook (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1919 (Date of Event)

in Riggins, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mary Hellen Holbrook	Mary Helen Holbrook

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of May, 1963.

Walt Schleicher
Notary Public, residing at Riggins, Idaho
My commission expires January 15, 1964
(Seal)

Signed Mabel Rice
(Signature of Any Credible Person)

Riggins Idaho
(Street Address, City, State)

FORM DH 60-155 CL 4-20-62. one copy pd. rec. #9811.

not. photostatic copies -
Lewiston Business College Diploma, Lewiston, Idaho, dated June 1, 1939 gives full name as Mary Helen Holbrook - viewed by V.S.

Photo Copy of Page Titled Births, taken from Family Record, appears old, and unaltered gives one child's full name as Mary Helen Holbrook, born October 21, 1919 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74077

County of Idaho

City of Riggins Town

Registration District No. 104 File No.

No. St.

Primary Registration District No. 3182 Registered No.

Hospital

FULL NAME OF CHILD Mary Hellen Holbrook

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Ephram Holbrook	Maggie Louise Doumecq
RESIDENCE	Riggins	Riggins
COLOR	White	White
AGE AT LAST BIRTHDAY	43 (Years)	34 (Years)
BIRTHPLACE	Moscow ~~Wn~~. Ida.	Denver Colorado
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:15, A M. on the date above stated.

(Signature) W. A. Foskett M.D.

White Bird Ida.
(Physician or midwife)

Address

Filed Oct 19 19 W. A. Foskett M.D.
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

NOV 1 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

112-126
025-55

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74078

County of Idaho

City of Riggins Town

Registration District No. 104

File No.

No. St.

Primary Registration District No. 2182

Registered No.

Hospital

FULL NAME OF CHILD William Frances Gasper

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 26 1919

FATHER	MOTHER
FULL NAME: William Voluntine Gasper	FULL MAIDEN NAME: Lettie May Neal
RESIDENCE: Riggins	RESIDENCE: Riggins
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Juliette Ida.	BIRTHPLACE: Eight Mile Oregon
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Live (Born alive or stillborn) at 4:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samantha A. Short

Midwife (Physician or midwife)

Address Riggins Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct 19 19 W.A. Forkett M.D.
Registrar

S-Y-CO 38071

[redacted]

JAN 26 1955

FEB 22 1955

SEP 22 1955

381-103-025-437

PLACE OF BIRTH Amended 3/28/79

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74079

County of Idaho

City of Grangeville

Registration District No. 103

File No.

No. St.

Primary Registration District No. 1001

Registered No. 55

Hospital

FULL NAME OF CHILD Wayne Laverne Chamberlin

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	2	Yes	Nov. 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. F. Chamberlin	FULL MAIDEN NAME	Lillie McPherson
RESIDENCE	Georgeoder	RESIDENCE	Georgeoder Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Georgeoder, Id	BIRTHPLACE	Georgeoder Id
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Cocoon

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Grangeville Idaho

Registrar

Filed Dec 1 1919 G. P. Stockton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 31 9 11 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 74079
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Chamberlin (Male) who was born on Nov. 3, 1919
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Grangeville (Idaho) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Chamberlin	Wayne Laverne Chamberlin

Subscribed and sworn to before me this 26th day of January, 1979.
Notary Public, Deborah A. Kyle
Residing at Lewiston, Idaho
My commission expires May 10, 1980
(Seal)

W F Chamberlin
Signature of Applicant
3506 10th Street, Lewiston, Idaho 83501
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1-23-79

Cradle Roll Certif com Lewiston Christian Bible School gives child's name as Wayne Leverne Chamberlin. born Nov 3, 1919 entered on recrdo Jan 30, 1921 viewed by V. S.

MAR 2 8 1979

Honorable Discharge from the US Army gives name a s Wayne L. Chamberlin born Nov 2, 1919 at Grangeville, Idaho. date of Separation Dec 6, 1945. viewed by VS

865-101-025-693

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 74080

Primary Registration District No. 1001 Registered No. 56

FULL NAME OF CHILD Rex Williams Hovey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Nov 1 191 9

FATHER

FULL NAME Roy M Hovey

RESIDENCE Alberta Can.

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Michigan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emma A Williams

RESIDENCE Alberta, Can.

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Idaho

Filed Dec 1 1919 G S Stockton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1944

763-227-025-264

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 74081

Primary Registration District No. 1001 Registered No. 57

FULL NAME OF CHILD Margaret Grace Potter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 27 1919

FATHER

FULL NAME Silver W Potter

RESIDENCE Grangeville

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Montana

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Gladys G Bodesberg

RESIDENCE Grangeville

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), on the date above stated, at 7:40 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stricklin

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 1 1919 G O Stricklin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1942

819-630-025-964

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 103

File No. 74082

Primary Registration District No. 1001

Registered No. 58

FULL NAME OF CHILD ..... Dale Prentiss Hazelbaker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	10-30-1919

FATHER		MOTHER	
FULL NAME	Calvin S. Hazelbaker	FULL MAIDEN NAME	Eva Irene Rode
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Grant Co. Nebr	COLOR	White
OCCUPATION	County Assessor	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Mercer Co. Ill.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 4 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) P. B. Chipman

Physician

(Physician or midwife)

Address Grangeville Idaho

Filed Dec 6 1919 G P Stockton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

298-104-025-766

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 74083

Primary Registration District No. 2181 Registered No. 59

FULL NAME OF CHILD Arthur Edmar Bryant

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 4 1919

	FATHER	MOTHER
FULL NAME	Arthur Hurbert Bryant	Orpah Myrtle Powell
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	Red Cliff Col.	Devils Creek Ky.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 7 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Chipman Physician

(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 6 1919 G P Stockton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

312-206-065-851

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 74084

Primary Registration District No. 2181 Registered No. 60

FULL NAME OF CHILD Anna Ruth Castle

Sex of Child: Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Nov 6 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Bennie Castle	FULL MAIDEN NAME: Henna M. Heath
RESIDENCE: Grangeville	RESIDENCE: Grangeville
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Grangeville Ida.	BIRTHPLACE: Mo.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) B. Chipman

Physician

(Physician or midwife)

Address Grangeville Ida

Filed Dec 6 1919 G. D. Blackburn

Registrar

235-118-009-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted]E OF IDAHO
[redacted] VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

74085

County of Bonner

City of PRIEST RIVER, IDAHO

No. ..... St.

Hospital .....

Registration District No. 85

Primary Registration District No. .....

File No. .....

Registered No. 2

FULL NAME OF CHILD Deane Stewart.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 18 1919

FATHER		MOTHER	
FULL NAME	Vernon Stewart	FULL MAIDEN NAME	Zella Stoffer
RESIDENCE	PRIEST RIVER, IDAHO	RESIDENCE	PRIEST RIVER, IDAHO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kan.	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gotzloff MLD

Physician
(Physician or midwife)

Given names added from a supplemental report.

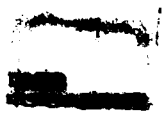
..... 19.....

Address PRIEST RIVER, IDAHO

Filed Nov 24 1919 C. P. Gotzloff

Registrar

Registrar



168-201-009-113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74086

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

Registration District No. 85 File No. 1

Primary Registration District No. ..... Registered No. 1

FULL NAME OF CHILD NADENE MARJORY JOHNSTON

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 1 1919

FATHER	MOTHER
FULL NAME: Archie Johnston	FULL MAIDEN NAME: Reva Jackson
RESIDENCE: Huntington Ore.	RESIDENCE: Huntington Ore
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 2[illegible] (Years)
BIRTHPLACE: Calif.	BIRTHPLACE: Ida.
OCCUPATION: Switchman	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. P. Gehloff M.D.

Physician

(Physician or midwife)

Address Priest River

Filed Nov. 24 19 19

C. P. Gehloff Registrar

MAR 17 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho Oregon } ss.
County of Boundary Union

Certificate No. 74086

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Nadene Johnston (Name on Original Certificate) who Born (Was Born or Died) on Nov. 1st 1919 (Date of Event)
in Priest River-Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Nadene Johnston	Nadene Marjory Johnston

Subscribed and sworn to before me this 9th day of March, 19 42.

M. A. Mayfield
Notary Public, residing at La Grande Ore

My commission expires NOTARY PUBLIC FOR OREGON
(Seal) MY COMMISSION EXPIRES MAR. 6, 1943

Signed A. C. Johnston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 17

525-123-028-442

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE [redacted] BUREAU OF V[redacted]CS

CERTIFICATE OF BIRTH

74087

County of Kootenai

City of Spirit Lake, Ida. Registration District No. File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD ~~Robert~~ Eseke ROBERT DETRICK ESEKE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	and	yes	Oct 23 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard D Eseke	Nalda Cleo Mason
RESIDENCE	Spirit Lake Ida	Spirit Lake
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Ill	Ia
OCCUPATION	Loco. Engr.	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Attended by Dr Chapman in my absence
E S Prindle M.D.
(Physician or midwife)

Given names added from a supplemental report.

12/8 1919 Address Spirit Lake Idaho

C. J. Hamblet Registrar Filed 12/8 1919 C. J. Hamblet Registrar

This information obtained by me after time for filing original report ESP

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington, }
County of Spokane } ss.

Certificate No. 74087

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)
for Robert Detrick Eseke (Name on Original Certificate) who Born (Was Born ~~or Died~~) on Oct. 23. 1919 (Date of Event)
in Spirit Lake - Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Eseke	Robert ~~Dedrick~~ Eseke Detrick

Subscribed and sworn to before me this 14th day of March, 19 42
Alex Alexandyer
Notary Public, residing at Spokane,
My commission expires June 1st 1943
(Seal)

Signed Mrs. Richard Eseke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1504 E. 3rd Spokane. Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane, } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of 14th 19 42
Alex Alexandyer
Notary Public, residing at Spokane
My commission expires June 1st 1943
(Seal)

Signed Mrs Chas H. Roush.
(Signature of Any Credible Person Other Than Previous Year)
Greenacres. Wash.
(Street Address, City, State)

Mrs. Roush was attendant

165-208-028-215

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74088

County of Kootenay

City of Spirit Lake, Ida. Registration District No. File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD ~~Baby~~ Jones, Edna Helen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1		—	yes	Dec 8 1919

FATHER

FULL NAME: Walter Jones

RESIDENCE: Spirit Lake Ida

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Wis

OCCUPATION: R.R. Shops Laborer

MOTHER

FULL MAIDEN NAME: Martha Bovial

RESIDENCE: Spirit Lake Ida

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Wis

OCCUPATION: Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:01 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Parish M D

(Physician or midwife)

Address

Given names added from a supplemental report.

12/8 1919

C. J. Hamick
Registrar

Filed 12/8 1919 C. J. Hamick
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1942

715-212-028-133

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74089

County of Kootenai

City of Spirit Lake, Ida. Registration District No. ____ File No. ____

No. ____ St. Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Baby Panther

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1		yes	Nov 12 1919

FATHER	MOTHER
FULL NAME McKinley Panther	FULL MAIDEN NAME Carie Allen
RESIDENCE Spirit Lake Ida	RESIDENCE Spirit Lake Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE N.C.	BIRTHPLACE N C
OCCUPATION Lab	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Prindle

attended by Mrs. Kate Milsaps

(Physician or midwife)

Given names added from a supplemental report.

12/8 1919 Address Spirit Lake Ida

C. J. Hancock Registrar

Filed 12/8 1919 C. J. Hancock Registrar

This information obtained after time for filing report. Parent. Est.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-117-001-[illegible]

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF [redacted]
BUREAU OF VITAL [redacted]
CERTIFICATE OF BIRTH

Registration District No. .....

File No. 74090

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Alvin J. ~~Woodie~~ Woody

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 17 1919

FATHER		MOTHER	
FULL NAME	Joseph H. ~~Woodie~~ Woody	FULL MAIDEN NAME	Lillian P. Pruett
RESIDENCE	Star Idaho	RESIDENCE	Star Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hale MD

(Physician or midwife)

Address Star Idaho

Filed Aug 18 1919 O W Hale MD

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of

dup of 1019-296563

DEC 7 195

814 - 202 - 001 - 924

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74091

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dorothy Lucille Hadley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
F W			yes	Dec 7 9

FATHER

FULL NAME Walter A Hadley

RESIDENCE Star Ida

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Dakota

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME May E Rudisill

RESIDENCE Star Ida

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Missouri

OCCUPATION Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Lee MD

(Physician or midwife)

Address Star Idaho

Given names added from a supplemental report .....

..... 19.....

Filed 11/2 19 9 Chas Lee MD Registrar

..... Registrar

S-Y CO. 20174

APR 3 1942

819-125-001-252

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Eagle R F D

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74092

Registration District No. 100 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 25 1919

FATHER		MOTHER	
FULL NAME	William H Harrison	FULL MAIDEN NAME	Nancy J Kestis
RESIDENCE	~~Arkansas~~ Eagle R F D	RESIDENCE	Eagle R F D
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall M

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Star, Idaho

Filed Nov 25 1919 O W Hall M Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-129-021-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74093

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 281

FULL NAME OF CHILD Arthur Christensen Byington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Arthur Byington	FULL MAIDEN NAME	Irene Pearl Christensen
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Downey Idaho	BIRTHPLACE	Downey Idaho
OCCUPATION	Farm	OCCUPATION	Housewife

Number of child of this mother, including [illegible] birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Dec 1 1919 Dr A R Cutler

Registrar

Registrar

AUG 5 1942

262-129-021-168

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—25m-8-8-17

74094

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 280

FULL NAME OF CHILD ..... CHARLES RAY BOSWORTH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov 29 1917

FATHER		MOTHER	
FULL NAME	Leroy Bosworth	FULL MAIDEN NAME	Jennie Johnson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Preston	BIRTHPLACE	Treasureton
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) .....

Physician
(Physician or midwife)

Address Preston Idaho

Filed Dec 1 1917

.....
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idahp } ss.
County of Franklin

Certificate No. 74094

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Name (Name on Original Certificate) who Born (Was Born or Died) on Nov 29, 1919 (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Charles Ray Bosworth

Subscribed and sworn to before me this 8th day of June, 19 42

Orson Koford

Notary Public, residing at Clifton, Idaho

My commission expires March 15, 1945

(Seal)

Signed Jennie Bosworth

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th. day of Jume, 19 42

Orson Koford

Notary Public, residing at Clifton, Idaho

My commission expires Mar. 15, 1945

(Seal)

Signed Roy Bosworth

(Signature of Any Credible Person Other Than Previous Year)

Preston Idaho

(Street Address, City, State)

JUN 10 1942

JUN 1 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

County of Franklin

CERTIFICATE OF BIRTH

74095

City of Preston

Registration District No. 27

File No.

469-226-021-854
No. St.

Primary Registration District No. 219

Registered No. 278

Hospital

FULL NAME OF CHILD Yvonne Merrill

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 26 1912

	FATHER	MOTHER
FULL NAME	Elmer Raymond Merrill	FULL MAIDEN NAME Vera Elizabeth Geddes
RESIDENCE	Preston	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY	22 (Years)	21 (Years)
BIRTHPLACE	Mapleton	Preston
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Registrar

Filed Dec 1 1912

Registrar

Form V. S. No. 11-C—Rev. 6-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of.....

City of.....

No.....St.

H.....

Registration District No.....

File No.....

Registration District No.....

Registered No.....

1942

Legiti-mate?

Date of Birth.....
(Month) (Day) (Year)

MOTHER

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Franklin

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FORM V. S. No. [illegible]

74096

City of Preston

No. 555-227-021-884 St.

Registration District No. 27

File No.

Primary Registration District No. 2119

Registered No. 279

Hospital

FULL NAME OF CHILD Edna Neeley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Loren Neeley	FULL MAIDEN NAME	Jennie C. Hymas
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Riverdale	BIRTHPLACE	Hydepark
OCCUPATION	Implement dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:55 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Registrar

Filed Dec 1 1919

[illegible]

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 23 1944

389-219-021-553

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74098

County of Franklin

City of Mink Creek

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 276

FULL NAME OF CHILD Norma Christensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	Twin		second	yes	Nov 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charlie Christensen	FULL MAIDEN NAME	Elva Sylvia Nelson
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mink Creek	BIRTHPLACE	Mink Creek
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:40 p.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Dec 1 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-119-021-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek — Registration District No. 27 — File No. 74099

No. ..... St. — Primary Registration District No. 2112 — Registered No. 275

Hospital .....

FULL NAME OF CHILD Norman Christensen

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	Twin	first	yes	Nov 18 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charlie Christensen	Elva Sylvia Nelson
RESIDENCE	Mink Creek	Mink Creek
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	22 (Years)
BIRTHPLACE	Mink Creek	Mink Creek
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

(Signature) [illegible]

Physician (Physician or midwife)

Address Preston Idaho

Filed Dec 1 1912 [illegible] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

852-117-02-157

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Treasureton

Registration District No. 27

File No. 74100

No. ..... St.

Primary Registration District No. 2112

Registered No. 278

Hospital .....

FULL NAME OF CHILD Rex Edward Hebdon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Nov. 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward E. Hebdon	Ellen May Auger
RESIDENCE	Treasureton	Treasureton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	26
BIRTHPLACE	Garfield Co. Utah	Glendale
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 1/4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]

Physician (Physician or midwife)

Address Preston Idaho

Filed Dec 1 1912

[illegible] Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

~~73322~~ 74100

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth:
- City: Treasureton
- Street and House No.:
- County: Franklin

Registered No. 273

Registration Dist. No. 27

Sex of Child: Male

Date of Birth: Nov (MONTH) 17 (DAY) 1919 (YEAR)

Father: Edward E. Hebdon (FULL NAME)

Mother: Ellen May Auger (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Rex Edward Hebdon (GIVEN NAME IN FULL) (SURNAME)

as reported by Mother (FATHER OR MOTHER)

[signature] (LOCAL REGISTRAR)

JUL 16 1976

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Mink Creek — Registration District No. 27 — File No. 74101

No. ..... St. — AMENDED CHILD'S & FATHER'S NAMES 10-12-2000 MS

Primary Registration District No. 2118 — Registered No. 272

Hospital 319-217-021-299

FULL NAME OF CHILD Maurine Birch ~~Larsen~~ LARSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	May 17 1918

	FATHER	MOTHER
FULL NAME	MARTINUS ~~Madis M~~ LARSEN	FULL MAIDEN NAME Anna Birch
RESIDENCE	Mink Creek	Mink Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Mink Creek	Logan Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 1 1918 [signature]

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

10-6-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

VITAL STATISTICS
00 OCT 12 AM 9:59

Certificate No. 1919-74101
Date Filed DEC. 1, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for MAURINE BIRCH LARSON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 17, 1919 (Date of Event)

in MINK CREEK (FRANKLIN) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S SURNAME	LARSON	LARSEN
FATHER'S NAME	MADIS M LARSEN	MARTINUS LARSEN

Subscribed and sworn to before me this _____ day of _____

Notary Public Janet Kimpton

Residing at Preston, Idaho

My commission expires 10-30-3000

(Seal)

JANET KIMPTON NOTARY PUBLIC STATE OF IDAHO

x Maurine Larsen Klypsiert
Signature of Applicant

240 Park Ave. Preston, Idaho 83263
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed ___)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc sent 10-6-00

CERTIFICATE OF BLESSING FROM THE LDS CHURCH SHOWS MAURINE BIRCH LARSEN BORN NOV. 17, 1919 IN MINK CREEK (FRANKLIN) ID TO MARTINUS LARSEN AND ANNIE MATILDA BIRCH WAS BLESSED JAN. 4, 1920 VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 8/26/1947 FILE #1947-441632 SHOWS THE MOTHER'S MAIDEN NAME AS MAURINE BIRCH LARSEN VEIWED VS.

753-112-021-413

PLACE OF BIRTH

[redacted] Franklin

City of Whitney

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—25m-6-12

CERTIFICATE OF BIRTH

74102

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 271

FULL NAME OF CHILD ..... John Edward Peterson (Peterson) .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar F peterson	Lurina Elizabeth Dalley
RESIDENCE	Whitney	Whitney
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	New Zealand	Pleasant Grove
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Butler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 1 1912

Albert Butler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/22/40 L.B.

249-111-021-593

PLACE OF BIRTH name added 1-19-84 dl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

74103

County of Franklin

City of Preston — Registration District No. 27 — File No.

No. ..... St. — Primary Registration District No. 2119 — Registered No. 271

Hospital ..... Raymond Earl Smith

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov 11 1919

FATHER		MOTHER	
FULL NAME	James George Smith	FULL MAIDEN NAME	Adadrene Nichols
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Preston	BIRTHPLACE	Independence Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.1:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 1 1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-16-83

RECEIVED
JAN 18 1984
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 74103
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 11, 1919 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ray E. Smith
		Raymond Earl Smith

JEFFREY K. RODE
Official Seal
Napa County
Notary Public
State of California
My Comm. Expires Oct. 7, 1985

Subscribed and sworn to before me this 30th day of December, 1983.

Notary Public, Jeffrey K Rode
Residing at NAPA, CALIFORNIA
My commission expires 10-7-85
(Seal)

x Raymond Earl Smith
Signature of Applicant

x 675 Coste Dr NAPA, Ca
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

Record of Blessing from LDS Church gives Raymond Earl Smith born Nov 11, 1919 in Preston to James George Smith Jr and Ada Irene Nichols was blessed Feb 1, 1920. Viewed by V.S.

JAN 19 1984

Record of Baptism from LDS Church gives Raymond Earl Smith born Nov 11, 1919 in Preston was baptised Apr 1, 1928. Viewed by V.S.

155-210-021-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-6-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74104

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 269

FULL NAME OF CHILD Aleida B Jensen

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Antone H Jensen	FULL MAIDEN NAME	Elinor Boreham
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Preston	BIRTHPLACE	England
OCCUPATION	Real estate agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R Cutler

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Dec 1 1919 Dr R Cutler

Registrar

Registrar

795-206-021-155

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

name added 9-21-81

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 2119

File No. **74106**

Registered No. 267

FULL NAME OF CHILD Elsie J Greaves

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Thomas C Greaves	FULL MAIDEN NAME	Alice Jensen
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	59	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Provo Utah	BIRTHPLACE	Gentile Valley
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Dec 1 1919 Dr F R Cutler

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-31-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 16 11 08 AM '81

State of Idaho
County of Franklin } ss.

Certificate No. 74106
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Greaves (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-6-19 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Elsie J Greaves

Subscribed and sworn to before me this 10th day of September, 1981.
Notary Public, LaRae E. Johnson
Residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Elsie D. Checketts
Signature of Applicant
11 So. 1st West Preston Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Franklin } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of September, 1981.
Notary Public, LaRae E. Johnson
Residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Vaughn J. Greaves
Supporting Signature
285 N. State Preston, Idaho.
Street Address, City, State

1 cc pd

LDS Church Cert of Blessing gives Elsie J Greaves born 11-6-19 at Preston to Thomas C Greaves and Alice Jensen was blessed 2-1-20. Viewed by V.S.

SEP ? ? 1981

LDS Cert of Baptism gives Elsie J Greaves born 11-6-19 in Preston, to Thomas Greaves and Alice Jensen. Baptised 1-15-28at Preston 2nd Ward. Viewed by V.S.

693-218-021-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74107

County of Franklin

City of Mink Creek

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 274

FULL NAME OF CHILD Lerue Wild

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Lawrence Wild	FULL MAIDEN NAME	Martha Christensen
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mink Creek	BIRTHPLACE	Smithfield
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Dec 1 1919

Dr A R Cutler
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-101-021-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74108

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 285

FULL NAME OF CHILD ..... Samuel Glenn Merrill Jr. .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec. 1, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Glenn Merrill	Helen C. Keller
RESIDENCE	Preston	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Swan Lake	Mink Creek
OCCUPATION	Real estate	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Address Preston Idaho

Filed Dec. 1 1919 D. A. Cutler Registrar

665-227-021-929

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho

Registration District No. 27

File No. 74109

No. _____ St.

Primary Registration District No. 2119

Registered No. 289

Hospital _____

FULL NAME OF CHILD Oda Fonnesbeck

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl			4	yes	Nov 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J M Fonnesbeck	FULL MAIDEN NAME	Rosa Zbinden
RESIDENCE	near Weston Idaho	RESIDENCE	near Weston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth Four

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Nov 27-1919 at 4 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Address Weston Idaho

Filed Dec 3 1919 Dr W Culter
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

5-26-66

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 12 12 52 PM '76

State of Utah } ss.
County of Utah }

Certificate No. 74109

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Fonnesbeck (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1919 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Oda Fonnesbeck

Subscribed and sworn to before me this 24th day of September 1976

David A. Thomas

Notary Public, residing at Orem, Utah

My commission expires 8/13/77

(Seal)

Signed Rhonda M Haney

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

84 E 470 E Orem, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September, 1976

David A. Thomas

Notary Public, residing at Orem, Utah

My commission expires 8/13/77

(Seal)

Signed Jasmine F. Deuce

(Signature of Any Credible Person)

447 South Holmes Shelley Idaho 83274

(Street Address, City, State)

FORM DH 60-155 1 copy pd Rec. # 13116

Certif of Baptism and Confirmation from the LDS Church gives name as Oda Fonnesbeck daughter of James M. Fonnesbeck and Rose Zendin. Born Nov 27, 1919 at Cederville, Idaho. Baptized July 5, 1930. viewed by V. S

OCT 18 1976

Certif of Blessing from the LDS Church gives name as Oda Fonnesbeck daughter of James Fonnesbeck and Rosa Spinden Born Nov 27, 1919.at Cedarville, Idaho. Blessed Nov 29, 1919. viewd by V. S.

669-114-021-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74111

County of Franklin

City of Weston Idaho

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2118 Registered No. 280

Hospital

FULL NAME OF CHILD Eugenia Tomasi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	4	yes	Nov 14 1919

FATHER		MOTHER	
FULL NAME	Modesto Tomasi	FULL MAIDEN NAME	Anna Wisintiner
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	House keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Nov 14-1919, at 8 20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Weston Idaho

Filed Dec 3 1919 Dr A R Cutler

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-206350

362-113-021-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74112

County of Franklin

City of Weston Idaho

Registration District No. 27

File No.

No. St.

Primary Registration District No. 2119

Registered No. 291

Hospital

FULL NAME OF CHILD ONIS J. COBURN

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male		5	yes	Nov 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L B Coburn	FULL MAIDEN NAME	Lillie Walverton
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Dayton Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Nov 13-1919 at 11 30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Weston Idaho

Filed Dec 3 1919 Dr R Cutler

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 74112

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname of father and child	Cobourn	Coburn
Name	Unnamed	Onis J. Coburn

Subscribed and sworn to before me this 13
day of May, 1942.

Notary Public, residing at Preston Ida

My commission expires May 1-1945
(SEAL)

Signed Lillie Elizabeth Coburn
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

909 North Morris, Portland, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of May, 1942.

Notary Public, residing at Preston Ida

My commission expires May 1-1945
(SEAL)

Signed LaRue Anderson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 15 1942 By
(REGISTRAR'S SIGNATURE)

896-223-021-656

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

Registration District No. 27

File No. 74113

No. ..... St.

Primary Registration District No. 2119

Registered No. 292

Hospital .....

FULL NAME OF CHILD Beth Fifield

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Girl	5 (To be answered only in event of plural births)	yes	Nov 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wesley A Fifield	FULL MAIDEN NAME	Abbigail Kalbern Fife Fifield
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Providence Utah
OCCUPATION	Farmer	OCCUPATION	House keeper

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Nov 23-19 (Born alive or stillborn) at 11 50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician (Physician or midwife)

Address Weston Idaho

Given names added from a supplemental report.

..... 19.....

Filed Dec 3 1919 Dr A R Culter

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-225-021-319

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74114
Local Reg. No.
Reg. Dist. No. 27

Amended 9/9/75

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Maxine
b. (Middle):
c. (Last): Campbell

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Girl	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Nov. 25, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Dewey
b. (Middle):
c. (Last): Campbell

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
21 YEARS	Weston, Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mable
b. (Middle):
c. (Last): Carlson

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
23 YEARS	Weston, Idaho			

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Thos. B. Holder

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Weston, Idaho

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Dec 3, 1919

22. REGISTRAR'S SIGNATURE: Dr. A. R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 1:50 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

SEP 4 11 53 AM '75

Certificate No. 74114

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth'
(Birth or Death)
for Jean Campbell (Name on Original Certificate) who was born (Was Born or Died) on Nov. 25, 1919 (Date of Event)
in Weston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Jean Campbell	Maxine Campbell

Subscribed and sworn to before me this Ninth day of August, 1975

Signed Dewey Campbell
(Signature of parent or attendant if correcting a Birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Weston Idaho

My commission expires March 7 1977

(Seal)

Weston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Ninth day of August, 1975

Signed Alice Campbell
(Signature of Any Credible Person)

Notary Public, residing at Weston Idaho

My commission expires March 7 1977

(Seal)

Weston Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7/28/75

Certif. of Blessing from the LDS Church gives name as Maxine Campbell daughter of Dewey Campbell and Mable Carlsen. born Nov. 25, 1919 at Weston, Idaho. Blessed Jan. 4, 1920. viewed by V. S.

Certif. of Baptism and Confirmation from the LDS Church gives name as Maxine Campbell daughter of Dewey F. Campbell and Mable Carlson. born Nov. 25, 1919 at Weston, Idaho. Was Baptized Feb. 19, 1928. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74114

County of Franklin.

City of Preston Idaho Registration District No. 21 File No.

No. ____ St. Primary Registration District No. 2119 Registered No. 288

Hospital

FULL NAME OF CHILD Jean Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		1	yes	Nov 25 1918

FATHER		MOTHER	
FULL NAME	Henry Campbell	FULL MAIDEN NAME	Mable Carlson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. Nov 25-1918 at 1 50 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas B Holden, Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 3 1918 D. A. Curtis Registrar

8-Y-CO 38071

JUL 2 9 1975

SEP 9 1975

315-214-021-231

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 74115

Primary Registration District No. 2115 Registered No. 193

FULL NAME OF CHILD Ines Emeline Cave

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		6	yes	May 14 1915

FATHER		MOTHER	
FULL NAME	Orvel Franklin Cave	FULL MAIDEN NAME	Bertie D Baird
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Greene Co Mo	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth Four

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A M. on the date above stated.

(Signature) Thos. B. Holder

Physician (Physician or midwife)

Address Preston Idaho

Filed Dec 8 1915 D. A. Butler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1972

449-223-021-297

PLACE OF BIRTH name added 10/1/80

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

74116

County of Frnklin.

City of Franklin.

No. ....., ... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 286

FULL NAME OF CHILD Elizabeth Durrant

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Other (To be answered only in event of plural births)	10	Yes	8/23 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	T.W.Durrant	FULL MAIDEN NAME	Lizzie Biggs.
RESIDENCE	Franklin, Ida,.	RESIDENCE	Franklin,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Franklin,Ida,.	BIRTHPLACE	Franklin,Ida,.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Secrest

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Logan, Utah,.

....., 19....

Filed Dec 2 1919 D A R Culter

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

8-14-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
SEP 16 1980
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 74116
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Durrant (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 23, 1919 (Date of Event)
in Franklin (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Elizabeth Durrant

Subscribed and sworn to before me this 27th day of August, 19 80

Notary Public, Carol P. Hendricks
Residing at Lewiston, Utah
My commission expires 8-7-84
(Seal)

Orval Dlan Durrant
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Public School Diploma from Franklin Co. Idaho gives name as Beth Durrant dated April 14, 1933. viewed by V. S.

DCT 1 1980

Own child's birth certif from Washington gives child's name as Jeffrey Alan Thornock born July 21, 1958 at Sunnyside, Washington. father's name as Heber Russell Thornock and mother's name as Elizabeth Durrant. viewed by V. S.

381-212-021-243

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. [illegible] St.

Hospital

Registration District No. 27 File No. 74117

Primary Registration District No. 2119 Registered No. 287

FULL NAME OF CHILD Laura Chatterton.

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	Other	7	Yes	Nov 12, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Chatterton	FULL MAIDEN NAME	Laura Buckley.
RESIDENCE	Franklin, Ida,.	RESIDENCE	Franklin, Ida,.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Franklin, Ida,.	BIRTHPLACE	Millville, Utah,.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8,25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Secrest

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Logan, Utah,.

..... 19.....

Filed Dec 2 1919 D. A. R. Cutler

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 5 1984

319-202-821-753

Amended 10-30-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74118
Local Reg. No. 282
Reg. Dist. No. 27

1. PLACE OF BIRTH

a. COUNTY: Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mink Creek

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Franklin

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mink Creek

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Radia b. (Middle): c. (Last): Larsen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 2, 1919

FATHER OF CHILD

7. FULL NAME a. (First): Ervin b. (Middle): c. (Last): Larsen

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mink Creek

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Laurin b. (Middle): c. (Last): Petersen

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Mink Creek

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Nancy Rasmussen

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Mink Creek, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 1, 1919

22. REGISTRAR'S SIGNATURE: Dr. A. R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED OCT 4 1968 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. Certificate No. 74118

County of Franklin } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Badia Larsen (Name on Original Certificate) who was born (Was Born or Died) on September 2, 1919 (Date of Event)

in Mink Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by LDS Church records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Badia Larsen	Radia Larsen

Subscribed and sworn to before me this 18th day of September 1968

J. P. Garner

Notary Public, residing at Preston, Idaho

My commission expires 5-31-71

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.

County of ALAMEDA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of SEPTEMBER, 1968

Ernestine S. Cohn

Notary Public, residing at San Leandro, Calif.

My commission expires

(Seal)

ERNESTINE S. COHN

My Commission Expires May 13, 1969

OFFICIAL SEAL ERNESTINE S. COHN NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN ALAMEDA COUNTY

Signed [signature] Collahan

(Signature of Any Credible Person)

[illegible] San Leandro Calif

(Street Address, City, State)

L 9-6-68. nm

FORM DH 60-155

LDS Church Certificate of Blessing, November 2, 1919, gives full name of child as Radia Larsen, daughter of Ervin Larsen and Loraine Petersen, born September 2, 1919 at Mink Creek, Idaho - viewed by VS.

LDS Church Certificate of Baptism and Confirmation, September 2, 1927, gives full name of child as Radia Larsen, daughter of Earvin H. Larsen and Loraine Peterse, born September 2, 1919 at Mink Creek, Idaho - viewed by VS.

(OK'D by Hazel Hurlbert to make a second correction on child's full name since it appea that the first correction was in error.)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 74118

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Badia Larson (Name on Original Certificate) who born (Was Born or Died) on September 2,1919 (Date of Event)
in Mink Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on November 16,1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	ncne given	Badia Larsen

Subscribed and sworn to before me this 6th
day of December, 1943

Notary Public, residing at Preston, Idaho

My commission expires
(Seal)

Signed Ezra H. Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of December 1943

Notary Public, residing at Preston Ida.

My commission expires 1946
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 9 1942

OCT 30 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74118

County of Franklin

City of Mink creek

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 282

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Badia Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fenail		yes	Sept 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Erwin Larsen	FULL MAIDEN NAME	Laurin Peterson
RESIDENCE	Mink creek	RESIDENCE	Mink creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mink creek	BIRTHPLACE	Mink creek
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Rasmussen (Physician or midwife)

Given names added from a supplemental report.

19

Address Mink creek Idaho

Born 4 a m Registrar

Filed Dec 1 1919 Dr A R Cutler Registrar

S-Y CO. 24655

386-101-021-363

PLACE OF BIRTH Amended 11/2/78

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27

File No. 74119

Primary Registration District No. 2115

Registered No. 307

FULL NAME OF CHILD Dale V. Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	T.V. Thompson	FULL MAIDEN NAME	Leona Cole
RESIDENCE	Fairview Idaho	RESIDENCE	Fairview Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Fairview Idaho	BIRTHPLACE	Fairview Isaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Staten

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed 12/6 1919

D A R Cutler
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 23 4 28 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 74119

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Thompson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1919 (Date of Event) in Fairview, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed m Thompson	Dale Vernon Thompson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Joaquin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June, 1978

Sharon D. Beach

Notary Public, residing at Lodi, CA

My commission expires 2-1-80

(Seal)

Signed Wm Wright
(Signature of Any Credible Person)

14 N. Wellington Way Lodi, Ca
(Street Address, City, State)

FORM DH 60-155

CL 5/31/78 RUSH

NOV 2 1978

Certif of Ordination to the HolyPrieshood from the LDs Church gives name as Dale Thompson ordained a Teacher on Dec 2, 1934 . viewed b VS

Certif of Blessing from the LDS Church gives name as Dale V. Thompson son of Thos. V. Thompson and Leona Cole. born Nov 1, 1919 at Fairview, Idaho. Blessed Dec 14,1919 viewed by V. S.

551 - 110 - 021 - 619

name added 12-7-82

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27

Primary Registration District No. 2119

File No. 74120

Registered No. 283

FULL NAME OF CHILD David Grant Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Nov (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Eddie Evans	FULL MAIDEN NAME	Minnie Alice Warrick
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Independance Virgina	BIRTHPLACE	Independance Virgina
OCCUPATION	Farmer	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive [redacted]), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

([redacted] midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Franklin Co. Idaho

Filed Dec 1 1919

Dr A R Cullet
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-19-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

DEC 7 11 29 AM '82

Certificate No. 74120
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Evans (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-10-19 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	DAVID GRANT EVANS ~~David G. Evans~~

Subscribed and sworn to before me this 29th day of June, 1981.

Notary Public, Marjorie J. Rathwell
Residing at 1507 N. Grant - Danville, Ill.
My commission expires 12/1/83
(Seal)

David Grant Evans
Signature of Applicant
414 W Lakemont Danville, Ill 61832
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of FRANKLIN

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of Dec., 1982

Notary Public, Ross Kasmussen
Residing at Preston, Idaho
My commission expires lifetime
(Seal)

Ruth Evans Goff
Supporting Signature
298 E. Oneida, Preston, Ida.
Street Address, City, State

Certificate of Baptism from LDS Church gives David Grant Evans born 11-10-19 in Preston to James E Evans and Minnie Warrick and was baptised 12-18-27. Viewed by V.S.

DEC 7 1982

Certificate of Blessing from LDS Church gives David Grant Evans born 11-10-19 in Preston to James E Evans and Minnie Warrick was blessed 3-7-20 . Viewed by V.S.

249-217-021-249

Amended 1/10/80

Form V. S. No. 11-G—2Mm-8-8-17

PLACE OF BIRTH

County of Franklin

City of —

No. Riverdale Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 74121

Primary Registration District No. 2119 Registered No. 866

FULL NAME OF CHILD Maurine Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov. 17 1919

FATHER		MOTHER	
FULL NAME	Louis Walker Smith	FULL MAIDEN NAME	Erma Jane Smith
RESIDENCE	Riverdale Idaho	RESIDENCE	Riverdale, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Filed 12/15 1919 Dr. A. R. Cutler

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-29-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Davis } ss. DEC 10 12 29 PM '79

Certificate No. 74121
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 17, 1919 (Date of Event)

in Riverdale (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Maurine Smith

~~Subscribed and sworn to~~ before me this 4th day of Dec-4, 1979

Notary Public, Van L. Snow
Residing at Bountiful Utah
My commission expires 11 Feb 1983
(Seal)

Maurine Smith Hess
Signature of Applicant
548 West 3100 South
Street Address, City, State
Bountiful, Utah 84010

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

First Baptism from the LDs Church gives name as Maurine Smith dated Dec 6, 1927. Baptized by Elder David W. Cook and Elder Denmark Jensen. viewed by V S

Certif of Marriage from California gives names as Jesse W. Hess and Maurine Smith. dated Mrch 5, 942. viewed by V. S.

JAN 10 1980

133-205-021-168

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Franklin

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74122

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 304

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov 5 1919

FATHER		MOTHER	
FULL NAME	Ezra Allbridge	FULL MAIDEN NAME	Lula Johnson
RESIDENCE	Franklin Co. Idaho	RESIDENCE	Franklin Co. Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed 12/5 1919 Dr. A. R. Culter

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-109-021-168

MARGIN RESERVED FOR BINDING

TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 4th Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 74123

Primary Registration District No. 2119 Registered No. 305

FULL NAME OF CHILD Ray Clair Condie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 9 1919

FATHER		MOTHER	
FULL NAME	George Maroni Condie	FULL MAIDEN NAME	Caroline Elise Johnson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Filed 12/5 1919 D. A. R. Cutler

Registrar Registrar

Cr 10-16-40-mfp

SEP 27 194

212-221-003-962

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 74124

Registered No. 303

FULL NAME OF CHILD BERTA BAKER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov 21 1919

FATHER		MOTHER	
FULL NAME	William Baker	FULL MAIDEN NAME	Kate Emily Robinson
RESIDENCE	Oxford Idaho	RESIDENCE	Oxford Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hand

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Idaho

Filed 7-25 1919

D. A. Rulle
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 24184

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed child (Name on Original Certificate) who was born (Was Born or Died) on November 21st, 1919 (Date of Event)
in Oxford, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Berta Baker

Subscribed and sworn to before me this 10th
day of March, 1942.

A. M. Coombs

Notary Public, residing at Preston, Idaho.

My commission expires Oct. 29, 1942.
(Seal)

Signed John William Baker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oxford, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, }
County of Franklin } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of March, 19 42.

A. M. Coombs

Notary Public, residing at Preston, Idaho

My commission expires Oct. 29, 1942.
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

M. P. Baker

Oxford, Idaho.
(Street Address, City, State)

RECEIVED

NOV 21 1967

296-123
021-893

PLACE [redacted]

Form V. S. No. 11-C—2km-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74125

County of Franklin

City of Preston

No. 3d Ward St.

Registration District No. 27

File No.

Primary Registration District No. 2119

Registered No. 906

Hospital

FULL NAME OF CHILD LEONARD CARL BROSTROM

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Nov 23 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Brostrom	Louisa Adolfina Hillsted
RESIDENCE	Preston, Idaho	Preston, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	26
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Curtis Bland

Physician

(Physician or midwife)

Address Preston Idaho

Filed Dec 1 1917 [redacted] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

JAN 23 1942

Certificate No. 74125

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Leonard Carl Brostrom (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 23rd, 1919 (DATE OF EVENT) in Preston, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by L.D.S. Church (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on November 23, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Leonard Carl Brostrom

Subscribed and sworn to before me this 21st day of January, 19 42

Notary Public, residing at Preston, Idaho

My commission expires November 15, 1943
(SEAL)

Signed Carl Brostrom
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

327 W. 1 N. Preston, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January, 19 42

Notary Public, residing at Preston, Idaho

My commission expires November 15, 1943
(SEAL)

Signed F. R. Tackett
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

315 W 1 N Preston, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By
(REGISTRAR'S SIGNATURE)

DEC 26 1944

DEC 22 1944

169-230-021-6[illegible]

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Franklin

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 74126

Primary Registration District No. 2119 Registered No. 301

FULL NAME OF CHILD Ellen Marie Jorgenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov 30 1919

FATHER		MOTHER	
FULL NAME	Marley Jorgenson	FULL MAIDEN NAME	Afton Frew
RESIDENCE	Franklin Co Idaho	RESIDENCE	Franklin Co Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mexico	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed 12/5 1919 D. A. R. Cullen

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 74126

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for ELLEN MARIE JORGENSON (Name on Original Certificate) who BORN (Was Born or Died) on NOV 30 1919 (Date of Event) in PRESTON IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by PARENTS WORD (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ellen Marie Jorgenson
Ellen Marie Jorgenson		
no Birth Certificate	ever rec'd	

Subscribed and sworn to before me this 8th day of Nov, 1944

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Mrs Marley Jorgenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November 1944

Notary Public, residing at Yakima

My commission expires Sept 13 - 1945
(Seal)

NOV 9 1944

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

NOV 16 1944

753-228-021-253

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74127

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 300

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov 28 1919

FATHER		MOTHER	
FULL NAME	Guy Clifford Peterborg	FULL MAIDEN NAME	Cecelia Rose Kelly
RESIDENCE	Glendale, Idaho	RESIDENCE	Glendale, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Preston, Idaho

Filed 12/5 1919

Dr. A. R. Culla
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-223-021-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. 1st North St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH 74128

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 299

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Nov 23 1919

FATHER		MOTHER	
FULL NAME	Frank Kroff	FULL MAIDEN NAME	Ethel Burton
RESIDENCE	Treasureton Idaho	RESIDENCE	Treasureton Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Rand

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

19

Registrar

Filed 12/5 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-224-021-212

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74129

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 298

FULL NAME OF CHILD Ila Lucy Lund

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov 24 1919

FATHER		MOTHER	
FULL NAME	Charles Edwin Lund	FULL MAIDEN NAME	Margaret Lucy Baker
RESIDENCE	Franklin Co Idaho	RESIDENCE	Franklin Co Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Preston Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Physician

Filed 12/5 1919 Dr A R Cellier
Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 12 1965
Bureau of Vital Statistics

State of IDAHO
County of Franklin } ss.

Certificate No. 74129

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lund (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1919 (Date of Event)
in Franklin Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ila Lucy Lund
Full Name of Father	Charles Edwin Lund	Charley Edward Lund

Subscribed and sworn to before me this 29th day of January, 1964.

Ted B. Larsen
Notary Public, residing at Preston, Idaho
My commission expires May 12, 1966
(Seal)

Signed X Fred D. Lund
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of June, 1963.

Ted B. Larsen
Notary Public, residing at Preston, Idaho
My commission expires May 12, 1966
(Seal)

Signed Donald R. Baker
(Signature of Any Credible Person)
RT #1 Preston, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6-13-63. one copy pd. rec. #05851.

L.D.S. Church Certificate of Blessing, Jan. 12, 1920 gives full name as Ila Lucy Lund, daughter of Chas. E. Lund and Margaret Lucy Baker, born Nov. 24, 1919 at Preston, Idaho - viewed by V.S.

AUG 24 1966

Application to the Beneficial Life Insurance Co., dated Nov. 12, 1925 gives full name of insured as Ila Lucy Lund, age 6, born Nov. 24, 1919 in Idaho, beneficiaries are given as Charley Lund and Margaret Lund - viewed by V.S.

received letter August 15, 1966 requesting that father's name be left as it is -

395-121-021-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. 2nd Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH 74130

Registration District No. 27

File No.

Primary Registration District No. 2119

Registered No. 297

FULL NAME OF CHILD VEARL J. TREASURE

Sex of Child M

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov 20 1919 (Month) (Day) (Year)

FATHER

FULL NAME James Treasure Jr

RESIDENCE Downey, Idaho

COLOR W

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Martha Anna McClurg

RESIDENCE Downey, Idaho

COLOR W

AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 11:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Preston Idaho

Filed 12/5 1919

Dr. [illegible] Pulley

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 74130

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Treasure (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 21, 1919 (DATE OF EVENT)
in Preston, Idaho (PLACE OF EVENT) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 5/19/42 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Vearl J. Treasure

Subscribed and sworn to before me this 19 day of May 1942

Frank G. Files

Notary Public, residing at Pocatello, Ida.

My commission expires Aug. 19, 1943 (SEAL)

Signed Stanley Treasure (Brother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

656 So. 4th Pocatello Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of May 1942

Frank G. Files

Notary Public, residing at Pocatello, Ida.

My commission expires Aug. 19, 1943 (SEAL)

Signed Mrs. Lucille Allen (sister)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

850 South 4th
(STREET ADDRESS, CITY, STATE)

Pocatello, Idaho

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 20 1962

731 - 108 - 035 - 405

PLACE OF BIRTH [redacted]

STATE OF IDAHO
[redacted]U OF VITAL STATISTICS
[redacted]TIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

74133

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96

Primary Registration District No. 1009

File No. .....

Registered No. 349

FULL NAME OF CHILD Platt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 8th 1919

FATHER		MOTHER	
FULL NAME	Dallas M. Platt	FULL MAIDEN NAME	Edith L. Moe
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.25 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carrow

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed Dec 8 1919 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-113-035-419

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 96 File No. 74135

Primary Registration District No. 1009 Registered No. 351

FULL NAME OF CHILD John Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Nov. -13- 1919

FATHER		MOTHER	
FULL NAME	Ray E. Williams	FULL MAIDEN NAME	Edna Marks
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:46 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Alley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed Dec 8 1919 Amon E

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1944

FEB 1 1944

867-113-035-769

CERTIFICATE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 74136

No. ..... St.

Primary Registration District No. 1009

Registered No. 352

Hospital St. Joseph's

FULL NAME OF CHILD George Joseph Hogaboam

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				Yes	Nov 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D G Hogaboam	FULL MAIDEN NAME	Martha Porter
RESIDENCE	Lapwai Idaho	RESIDENCE	Lapwai, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Kidmore, Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John R Alley

(Physician or midwife)

Address Lewiston Idaho

Filed Dec 8 1919 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE

County of Mer

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce

RECEIVED OCT 30 '94

Certificate No. 74136
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for George J Hogaboam (Name on original certificate) who was born (Was born or died) on Nov. 13, 1919 (Date of event)
in Lewiston, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	George J. Hoagaboam	George Joseph Hogaboam

Subscribed and sworn to before me this 27th
day of October, 1941
Ruth V. Akins
Notary Public, residing at Lewiston Ida
My commission expires Aug. 15, 1942
[SEAL]

Signed Martha M Hogaboam (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Culdesac Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of October, 1941
Ruth V. Akins
Notary Public, residing at Lewiston, Ida.
My commission expires August 15, 1942
[SEAL]

Signed T. Gilbert Hogaboam
(Signature of any credible person other than the previous affiant.)
Culdesac, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

364-216-035-815

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 140 S. 11th Ave.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

Registration District No. 96 File No. 74137

Primary Registration District No. 1009 Registered No. 353

FULL NAME OF CHILD Ruth Annette Coultas Coultas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Nov. 16 - 1919

FATHER		MOTHER	
FULL NAME	Prof. T. L. Coultas	FULL MAIDEN NAME	Nellie Haevernick Haevernick
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Idaho

19

Filed Dec 8 1919 Susan E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714-117-035-395

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74138

County of Nez Perce.

City of Lewiston.

No. 1504 Main St. St.

Hospital Whites.

Registration District No. 96 File No.

Primary Registration District No. 1609 Registered No. 354

FULL NAME OF CHILD Roy Clifton Pauley.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	X (To be answered only in event of plural births)		X	Yes	11	17	1919

FATHER	MOTHER
FULL NAME: Roy C Pauley.	FULL MAIDEN NAME: G. Verene Tindall.
RESIDENCE: Lewiston, Idaho.	RESIDENCE: Lewiston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Missouri.	BIRTHPLACE: Montana.
OCCUPATION: Bookkeeper.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or still born) at 9:30A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White M.D.

(Physician or ~~midwife~~)

Address Lewiston

Given names added from a supplemental report.

.....19.....

Registrar

Filed Dec. 5 19 19 Susan E Bruce

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-18-41

AUG 22 195

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-220-035-231

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

74139

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 3555

FULL NAME OF CHILD Lottie Elsie Millay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Nov 20th 1909

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis E. Millay	Ruth Stark
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	white	white
AGE AT LAST BIRTHDAY	41 (Years)	35 (Years)
BIRTHPLACE	Missouri	Michigan
OCCUPATION	Professor Normal	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Sandlo Johnson

(Physician or midwife)

Address Lewiston Idaho

Filed Dec 6 1909 Susan E Bruce

Registrar

K

NOV 26 1941

265-223-035-485

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ~~Orchard~~ St.

Hospital St. Josephs

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 74140

Primary Registration District No. 1009 Registered No. 356

FULL NAME OF CHILD Helen Nina Bonson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Nov. 23 1919

FATHER		MOTHER	
FULL NAME	Henry Bonson	FULL MAIDEN NAME	Ethel Dickisy
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Washington	BIRTHPLACE	Wisconsin
OCCUPATION	Tinner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Lewiston, Idaho

19

Filed Dec 8 1919 Susan E Bruce

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1970

JUN 8 1942

261-223-035-515

PLACE OF BIRTH

County of Nezperce

City of Lewiston (Orchards) Registration District No. 951 File No.

No. St. Primary Registration District No. 1009 Registered No. 35-7

Hospital

FULL NAME OF CHILD Swanson

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74141

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀			Yes.	11 23- 1919

FATHER		MOTHER	
FULL NAME	Alfred L. Swanson.	FULL MAIDEN NAME	Johanna Hannigan
RESIDENCE	Lewiston Ida.	RESIDENCE	Lewiston, Idaho.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ky.	BIRTHPLACE	Holland
OCCUPATION	Farmer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.45 P. M. on the date above stated.

(Signature) W. F. McMahan M.D.

(Physician or ~~midwife~~)

Address Lewiston Ida

Filed Dec 8 1919 Susan E. Bruce

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

Registrar

5-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369 - 224-035-492

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston.

No. 1504 Main St.

Hospital Whites.

Registration District No. 96

Primary Registration District No. 1209

File No. 74142

Registered No. 356

FULL NAME OF CHILD Dorothy Francis Lorang.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	11 24 19 9

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Albert P. Lorang	FULL MAIDEN NAME: Hazel Misner.
RESIDENCE: Lewiston, Idaho.	RESIDENCE: Lewiston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Genesse, Idaho	BIRTHPLACE: Michigan.
OCCUPATION: Salesman	OCCUPATION: Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. 5:30 A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White MD

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Dec 5 1919 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

177-124-035-142

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74143

County of ~~Kootenai~~ Nez Perce.

City of Lewiston.

No. 1504 Main St.

Hospital Whites.

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 359

FULL NAME OF CHILD Edison Draper Appleford.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	11 24 19

FATHER	MOTHER
FULL NAME: E.J.Appleford.	FULL MAIDEN NAME: Freda Ausman.
RESIDENCE: Craig, Washington	RESIDENCE: Craig Washington.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Washington.	BIRTHPLACE: Washington.
OCCUPATION: Farmer	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30A.M. on the date above stated.

(Signature) Edgar L White M.D

(Physician ~~or midwife~~)

Address Lewiston

Filed Dec 6 1919

Wm. E. Bruce
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-126-035-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-27

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 7144

Primary Registration District No. 1009 Registered No. 360

FULL NAME OF CHILD Clarence James Tabor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 26 1919

FATHER		MOTHER	
FULL NAME	Clarence James Tabor	FULL MAIDEN NAME	Mary Southwick
RESIDENCE	Drew, Idaho	RESIDENCE	Drew, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Carman

(Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 8 1919 Susan E. Bruce
Registrar

469-128-035-369

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

Registration District No. 96

File No. 74145

Primary Registration District No. 1009

Registered No. 361

FULL NAME OF CHILD Roy Morrow Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Nov 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Morrow	FULL MAIDEN NAME	Gladys May Corwin
RESIDENCE	Cloverland, Wash.	RESIDENCE	Cloverland, Wash.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho

Filed Dec. 8 1919 Susan E Bruce
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1942

419-229-035-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston.

No. 1504 Main St.

Hospital Whites.

Registration District No. 96 File No. 74146

Primary Registration District No. 1009 Registered No. 362

FULL NAME OF CHILD Beverly Jane Martin.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	11 29 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Martin.	FULL MAIDEN NAME	Irene Simpson.
RESIDENCE	Cottonwood, Idaho.	RESIDENCE	Cottonwood, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White MD

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Lewiston Ida

19

Filed Dec 8 1919 Susan E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1 1954

OCT 26 1970

MAR 16 1943

819-229-035-255

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

74147

Registration District No. 96 File No. _____

Primary Registration District No. 1009 Registered No. 363

FULL NAME OF CHILD Beatrice Katherine Hartnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	10 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	T. D. Hartnett	Jane Bennett
RESIDENCE	Lewiston	Lewiston
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	43	38
BIRTHPLACE	Minn.	Ia
OCCUPATION	Engineer	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 - P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M. D.

(Physician or midwife)

Address Lewiston, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 8 1919 Avram E Bruce Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1942

212-229-035-385

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perec.

City of Lewiston, Idaho.

No. East Lewiston. St.

Hospital

Registration District No. 95

File No. 74148

Primary Registration District No. 1009

Registered No. 364

FULL NAME OF CHILD Carrie Baker.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	11 (Month) 29 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claus Baker.	FULL MAIDEN NAME	Lillian Rose Chew.
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Holland.	BIRTHPLACE	Ontario.
OCCUPATION	Dairyman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White MD

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Lewiston Ida.

19

Registrar

Filed Dec 8 1919 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 0 1975

OCT 1 8 1944

DECEASED

266-130-035-391

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-8-27

CERTIFICATE OF BIRTH

74149

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 365

FULL NAME OF CHILD Craig Booker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Nov. 30 1929

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arlie E. Booker	Ruth Ann Craig
RESIDENCE	Clarkston, Wash.	Clarkston, Wash.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Washington	North Dakota
OCCUPATION	Dry Goods Clerk.	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul D. Johnson

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 5 19 29 Avan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-230-035-177

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74150

County of Nez Perce

City of Lewiston Idaho

Registration District No. 96

File No.

No. St.

Primary Registration District No. 1009

Registered No. 366

Hospital

FULL NAME OF CHILD MAXINE IDA Packwood

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		5	Yes	11 30 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leland Packwood	FULL MAIDEN NAME	Edna Applington
RESIDENCE	Bly, Wash	RESIDENCE	Bly, Wash
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wash	BIRTHPLACE	Kansas
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. McElvain, M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Asotin, Wash

19

Filed Dec 8 1919 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Clearwater }

Certificate No. 74150

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Edna Packwood (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Nov. 30 1919 (DATE OF EVENT)
in Lewiston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Personal Knowledge of Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Maxine Ida Packwood

Subscribed and sworn to before me this 6th
day of Feb., 1943
Chas. M. Eastman
Notary Public, residing at Orofino
My commission expires 3/28/46
(SEAL)

Signed X Edna Packwood Heald
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Orofino, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clearwater }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 6th
day of Feb., 1943
Chas. M. Eastman
Notary Public, residing at Orofino
My commission expires 3/28/46
(SEAL)

Signed X Tait Packwood
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Orofino, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 11 1943

815-211-042-469

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

74151

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 7086

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11 – 11 – 1917

FATHER		MOTHER	
FULL NAME	Lambert Lawerton	FULL MAIDEN NAME	Mildred Morris
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Farmer	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ on the date above stated. Nov 11, at 1:10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

Filer
(Physician or midwife)

Address

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Nov 19 19 Dr A A Newberry

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-347188

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. 693-204-042-213 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 74152

Primary Registration District No. 2086 Registered No.

FULL NAME OF CHILD Mildred Caroline Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Nov. (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William Ronald Wilson	FULL MAIDEN NAME	Orla Marion Baldwin
RESIDENCE	Filer. Idaho.	RESIDENCE	Filer, Idaho
COLOR	White. AGE AT LAST BIRTHDAY 31. (Years)	COLOR	White AGE AT LAST BIRTHDAY 27. (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Mich.
OCCUPATION	Shipping Clerk	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight

(Physician or midwife)

Given names added from a supplemental report.

Address Filer, Ida

19

Filed 1/8 1919 A. A. Newberry

Registrar Registrar

943-116-042-855

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 74153

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Roy James Rutter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 16th 1919

FATHER	MOTHER
FULL NAME: Carl Edwin Rutter	FULL MAIDEN NAME: Bertha Reed
RESIDENCE: Filer Idaho	RESIDENCE: Filer Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Ill.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 5-th Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight

(Physician or midwife)

Address Filer Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/8 1919

A A Newberry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 74153
County of Jerome } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Roy James Rutter (Name on original certificate) who was born (Was born or died) on October 16, 1919 (Date of event)
in Filer, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Father's name	Carl Edwind Rudder	Carl Edwin Rutter

Subscribed and sworn to before me this 21st day of June, 1941

H Ernest Coupe
Notary Public, residing at Jerome, Ida.
My commission expires January 8, 1944
[SEAL]

Signed Carl Edwin Rutter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Route #2 Wendell, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Jerome }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 1941

H Ernest Coupe
Notary Public, residing at Jerome, Idaho
My commission expires 8th day of January 1944
[SEAL]

Signed Bertha Rutter
(Signature of any credible person other than the previous affiant)

Route #2 Wendell, Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 74153
County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Roy James Rutter (Name on Original Certificate) who Born (Was Born or Died) on 10-16-1919 (Date of Event) in Filer (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 10-16-1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth date	October ~~15~~ 16th 1919	October 16, 1919

Subscribed and sworn to before me this 4th day of November, 1942
William G. Comstock
Probate Judge & Ex-Office Clerk
Notary Public, residing at Jerome Idaho
My commission expires 2nd Monday 1943
(Seal)

Signed Carl Edwin Rutter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Wendell Idaho Route 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 5 1942

291-204-042-245

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 74154

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Eleanor Elizabeth Brady

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Mad Brady	FULL MAIDEN NAME	Elizabeth Bunker
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fifth Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Filer, Ida

Filed 12/8 1919 A. A. Newberry

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-228-042-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74155

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. ..... St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD ~~[illegible]~~ GLADWIN Ruby Brown.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claud E. Brown.	FULL MAIDEN NAME	Mazie Gardner
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight

Filer Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 1/8 1919

A. A. Newberry
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Twin Idaho } ss.
County of Twin Falls }

Certificate No. 74155

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Goldwyn Brown (Name on Original Certificate) who Born (Was Born or Died) on Aug. 29 - 1919 (Date of Event)
in Filer Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Signers (Bible Record, Insurance Policy, Etc.) prepared on March 13 - 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Goldwyn Ruby Brown	Gladwin Ruby Brown

Subscribed and sworn to before me this 13th
day of March 1942
Ernest Hack
Notary Public, residing at Filer Ida
My commission expires Jan 20. 1945
(Seal)

Signed x Mrs Maxie Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Filer Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

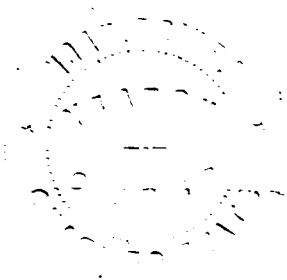
[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of March 1942
Ernest Hack
Notary Public, residing at Filer Ida
My commission expires Jan 20. 1945
(Seal)

Signed Claude Brown
(Signature of Any Credible Person Other Than Previous Year)
Filer Ida
(Street Address, City, State)

MAR 24 1942



238-104-042-445

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH 74156

Registration District No. 38 File No. ____

Primary Registration District No. 2086 Registered No. ____

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Dec 4 1919

FATHER	MOTHER
FULL NAME Louis Schuler	FULL MAIDEN NAME Hannah Murphy
RESIDENCE Berger Ida	RESIDENCE Berger Ida
COLOR W AGE AT LAST BIRTHDAY 41 (Years)	COLOR W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE Ireland
OCCUPATION Farmer	OCCUPATION Hswf

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 1/6 19 19 A A Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-211-016-291

PLACE OF BIRTH

[redacted]TATE OF IDAHO
[redacted]U OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

County of Carrro

CERTIFICATE OF BIRTH 74157

City of Almo

Registration District No. No 1179 File No. XXV

No. ..... St.

Primary Registration District No. 2199 Registered No. [illegible]

Hospital at home

FULL NAME OF CHILD Ifka Glean Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth June 11 1919 (Month) (Day) (Year)
girl			

FATHER		MOTHER	
FULL NAME	Joseph N Edwards	FULL MAIDEN NAME	Isabel Brackenbury
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Almo	BIRTHPLACE	Almo
OCCUPATION	Sheep herder	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Almo Idaho

Filed June 18 1919

[illegible] Registrar

Registrar

M. 1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU

381-104-016-215

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

74158

County of Cassia Co.

City of Elba

No. ..... St.

Hospital .....

Registration District No. 170

Primary Registration District No. 2199

File No. XXI

Registered No. 44

FULL NAME OF CHILD Ray Joel Chandler

Sex of Child boy

Twin Triplet or other? one and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth June 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene Chandler	FULL MAIDEN NAME	Dora Savage
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Rigby Idaho
OCCUPATION	farmer	OCCUPATION	housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) June 4, at 11 p.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Almo Idaho

Filed Nov 1 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-104-016-696

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74159

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXI

Primary Registration District No. 2199

Registered No. 57

FULL NAME OF CHILD .....

Sex of Child Male

Twin Triplet or other? / and Number in order of birth /
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 4 1919
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stanley Earl Martindale	FULL MAIDEN NAME	Nettie Frost
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oakley, Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:05 A. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Ramix, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Registrar

Filed Nov 1 1919

[signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-209-016-254

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

74160

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 122

Primary Registration District No. 2199

File No. XX11

Registered No. 1

FULL NAME OF CHILD Ellen M. Lee

Sex of Child Female

Twin Triplet or other? / and Number in order of birth /
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Knute Lee	FULL MAIDEN NAME	Gure Knutson
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Registrar

Filed Nov 1 1919

[signature]

Registrar

K

JAN 2 9 1981

NOV 2 1944

799-108-016-493

Form V. S. No. 11-C—15m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **74161**

Registration District No. 121 File No. XXII

Primary Registration District No. 2199 Registered No. 2

FULL NAME OF CHILD JACK REX Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 8 1919

FATHER		MOTHER	
FULL NAME	Leonard Price	FULL MAIDEN NAME	Stella Mitten
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O'Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

File Nov 1 1919 N. F. O'Nielson Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 74161

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Jack Rex Price (Name on Original Certificate) who Born (Was Born or Died) on Oct 8 1919 (Date of Event)

in Oakley Ida Cassia Co. (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Price	Jack Rex Price

Subscribed and sworn to before me this 24th day of Oct, 1942

Signed Stella B. Price
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Barmack Co. Idaho

My commission expires Oct 15 - 43
(Seal)

1453 N. Harrison
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

MAY 1 0 1966

OCT 2 8 1942

213-110-016-154

Form V. S. No. 11-C—25m-8-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74162

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120

File No. XXII

Primary Registration District No. 2199

Registered No. 3

Hospital .....

FULL NAME OF CHILD Norman A. Bates

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 10 1919

FATHER		MOTHER	
FULL NAME	Glenn Bates	FULL MAIDEN NAME	Vina Anderson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Nov 1 1919 A. E. Nielson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/[illegible]/4[illegible] [illegible]

449-114-016-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74163

County of Cassia

City of Almo

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXII

Primary Registration District No. 2191

Registered No. 4

FULL NAME OF CHILD Torin Alfred Durfee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 14 1919

FATHER		MOTHER	
FULL NAME	David Durfee	FULL MAIDEN NAME	Ella Irene Bruesch
RESIDENCE	Almo	RESIDENCE	Almo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Almo	BIRTHPLACE	Central New Mexico
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) Oct 14 at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Almo Idaho Cassia Co.

Filed Nov 1 1919

N. O. Nelson
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-203-016-168

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74164

County of Cassia

City of Near Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXII

Primary Registration District No. 2191 Registered No. 5

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	1	Yes	Nov 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James A Lewis	FULL MAIDEN NAME	Elva Maud Johnson
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:55 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Trains, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed Dec 19 14 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-203-016-168

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74165

County of Cassia

City of Near Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXII

Primary Registration District No. 2199 Registered No. 6

FULL NAME OF CHILD Lewis

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2	Yes	Nov 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James A Lewis	FULL MAIDEN NAME	Elva Maud Johnson
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed Dec 5 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-110-016-413

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 74166

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXII

Primary Registration District No. 2191 Registered No. 7

FULL NAME OF CHILD James A. Johntz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov 10 1919

FATHER		MOTHER	
FULL NAME	J. A. Johntz	FULL MAIDEN NAME	Cecil Datzel
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Dec 5 1919 N. F. O. Nielson Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 26 1964

DEC 1 2 1989

JUN 5 - 19

Amended 5-29-58

PLACE OF BIRTH

845-111-016-255

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 74167

Primary Registration District No. 2199 Registered No. 8

FULL NAME OF CHILD Quentin Farr Hunter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 11, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Cyrus Hunter	FULL MAIDEN NAME	Emma Severe
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. O. Nielson

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Oakley, Idaho

Filed Dec. 5, 1919 F. O. Nielson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 74167

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Quentin Farr Hunter (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1919 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date); are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Quentin Farr Hunter

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Weber } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of January, 1944

Notary Public, residing at Ogden, Utah

My commission expires May 31st 1944
(Seal)

Signed Hyrum G. Butler
(Signature of Any Credible Person Other Than Previous Year)

Beverly Place Apts 2 Ogden, Utah
(Street Address, City, State)

FEB 8 1944

MAY 29 19

Marriage Certificate St. File No. 50-3785 (Idaho Certificate) and Utah Operator's License #M 65121 (issued 2-21-53 - expires 11-11-58).
Viewed by Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
MAY 26 1958
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Quentin Farr Hunter (Name on Original Certificate) who was born (Was Born or Died) on November 11, 1919 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Female	Male

Subscribed and sworn to before me this 27th day of June, 1957.
Henry H. Hunter
Notary Public, residing at Burley, Idaho
My commission expires June 1, 1957
(Seal)

Signed Cyrus R. Hunter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
OAKLEY, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 1957.
Henry H. Hunter
Notary Public, residing at Burley, Idaho
My commission expires June 1, 1957
(Seal)

Signed Emma C. Hunter
(Signature of Any Credible Person)
OAKLEY, IDAHO
(Street Address, City, State)

FORM DPH 55. 155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74167

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 130

File No. XXII

Primary Registration District No. 2199

Registered No. 8

Hospital .....

FULL NAME OF CHILD Quentin Farr Hunter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Nov 11 1919

FATHER		MOTHER	
FULL NAME	Cyrus Hunter	FULL MAIDEN NAME	Emma Severe
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Seven Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N F O Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Dec 19 17

N F O Nielson
Registrar

Registrar

749-113-016-762

PLACE OF BIRTH

name added 9-24-81

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74168

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXII

Primary Registration District No. 199 Registered No. 9

FULL NAME OF CHILD Earl Joseph Gurney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. E. Gurney	FULL MAIDEN NAME	Ethel Goss
RESIDENCE	Oakley Ida	RESIDENCE	Oakley Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Dec 5 1919 [signature]

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-9-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 18 2 40 PM '81

State of _____
County of _____ } ss.

Certificate No. 74168
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Gurney (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-13-19 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	xEarl Joseph Gurney

Subscribed and sworn to before me this 16th day of September, 19 84

Notary Public, Regina G. Winsted
Residing at 284 Smith St. Harrisburg
My commission expires June 15, 1985
(Seal)

xEarl Joseph Gurney
Signature of Applicant

33 Palmer Junction City Oregon
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2 cc pd

SEP 24 1981

Secured Ins. Co. gives Earl Joseph Gurney as insured. Dated 7-14-63 Junction City OR. Viewed by V.S.

Letter from Eugene Hospital and Clinic in Eugene , OR gives Earl Joseph Gurney statement of bill paid in full, Dated 12-4-51. Signed by Administrator A.J. Anderson. Viewed by V.S.

Dairyland Mutual Ins. Co. gives Earl Joseph Gurney of Cheshire, Or. Policy period from 11-3-59-11-3-60. Signed 11-3-59. Salem, OR Viewed by V.S.

391-122-016-755

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74169

County of Cassia

City of Oakley, Idaho

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXII

Primary Registration District No. 2144 Registered No. 10

FULL NAME OF CHILD Craner Clay Addington

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	Nov 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Frederick Craner	FULL MAIDEN NAME	Ardell Altheria Gee
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Oakley, Idaho

..... 19.....

Filed Dec 5 1919

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1932

DECEASED

813-213-016-213

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74170

Registration District No. 132 File No. XXII

Primary Registration District No. 2199 Registered No. 11

FULL NAME OF CHILD ~~Est~~ Hale, Emily

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 13 19

FATHER		MOTHER	
FULL NAME	Edward Hale	FULL MAIDEN NAME	Gertrude Bate
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. E. Nielson

(Physician or midwife)

Address Oakley, Idaho

Filed Dec 5 1919 H. E. Nielson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

State of Utah Marriage Certificate, Dec. 20, 1940 gives full name of groom as William James Barber and full maiden name of bride as Emily Hale-married at Salt Lake City, Utah-viewed by V.S. and Hospital IDAHO DEPARTMENT OF HEALTH
Birth Certificate for Own Child, St. Mary's Hospital, San Francisco, California, born April 8, 1949 gives full maiden BUREAU OF VITAL STATISTICS
name of mother as Emily Hale, born Nov. 13, 1919 at Oakley, Idaho - father's name is given

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss. as William James Barber - viewed by V.S.

Certificate No. 74170

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hale (Name on Original Certificate) who was born (Was Born or Died) on Nov. 13, 1919 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible - Church Records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Emily Hale
Emily Hale		

Subscribed and sworn to before me this 13 day of February, 19 61

Notary Public, residing at Salt Lake City, Utah
My commission expires Oct 30-1962
(Seal)

Signed Edward H Hale (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; of other credible person.)
525 - 2 Ave Salt Lake City 3 Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of March, 19 61

Notary Public, residing at Salt Lake City, Utah
My commission expires 9/24/61
(Seal)

Signed Helen H. Winward aunt.
(Signature of Any Credible Person)

1068 Roosevelt ave
Salt Lake City 5 Utah
(Street Address, City, State)

FORM DH 60-155 CL 2-1-61. one copy pd. receipt #11784.

APR 20 1961

253-127-016-331

PLACE OF BIRTH

Form V. S. No. 11-O—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74171

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XX 17

Primary Registration District No. 2499

Registered No. 12

FULL NAME OF CHILD THEO CLARK Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eph Bell	FULL MAIDEN NAME	Sylva Clark
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Dec 5 1919 A. G. Nielson Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 74171

State of Idaho } ss.
County of Lemhi }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Bell who was born on Nov. 27, 1919 in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record prepared on Shortly after birth, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Theo Clark Bell

Subscribed and sworn to before me this 28 day of April, 1942.

Henry H. Hughes
Notary Public, residing at Burley
My commission expires June 1, 1942
(SEAL)

Signed Sylvia Clark Bell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

332 S. Miller, Burley, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of April, 1942.

Henry H. Hughes
Notary Public, residing at Burley, Id.
My commission expires June 1, 1942
(SEAL)

Signed Estherann Bell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

332 S. Miller Ave, Burley, Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 29 1942 By .....
(REGISTRAR'S SIGNATURE)

APR 30 1942

619-128-016-817

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74172

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXII

Primary Registration District No. 2199

Registered No. 13

FULL NAME OF CHILD Anthony Fairchild

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	Nov 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Elroy Fairchild	FULL MAIDEN NAME	Ruth Hague
RESIDENCE	Basin Idaho	RESIDENCE	Basin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Sawmill Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12^10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed Dec 5 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1963

439-129-016-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

74173

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXII

Primary Registration District No. 2199

Registered No. 14

FULL NAME OF CHILD Howard M. McIntosh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	No. 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sidney Ray McIntosh	FULL MAIDEN NAME	Marian Martin
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	73 (Years)	AGE AT LAST BIRTHDAY	76 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rainx, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed Dec 5 1919

..... Registrar

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1945

253-107-009-669

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STA[redacted]
BUREAU OF [redacted]TICS

CERTIFICATE OF BIRTH

74174

County of Bonner

City of Colburn Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No.

Hospital

FULL NAME OF CHILD LeRoy Philemon Selberg

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	Dec 7 1919

FATHER	MOTHER
FULL NAME John Selberg	FULL MAIDEN NAME Mabel R Cunningham
RESIDENCE Colburn	RESIDENCE Colburn
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Humboldt Co Iowa
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9-45 a M.
(Born alive or stillborn)
on the date above stated.

(Signature) Floyd G Wendle

(Physician or midwife)

Address Sandpoint Ida

Filed Dec-8 1919 Floyd G Wendle

FLOYD G. WENDLE

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
VITAL STATIS

263-202-009-653

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74175

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. 306 Lenora St.

Primary Registration District No. 215-5 Registered No.

Hospital

FULL NAME OF CHILD Edith Gertrude Soles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F				yes	Dec	2	19 19

FATHER		MOTHER	
FULL NAME	Edward Soles	FULL MAIDEN NAME	Mabel Silver
RESIDENCE	Sandpoint 306 Lenora	RESIDENCE	Sandpoint 306 Lenora St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Monroe Co Iowa	BIRTHPLACE	Indiana
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1-20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle

(Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report.

19

Registrar

Filed Dec 8 1919 FLOYD G. WENDLE

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1919- 74525

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Washington

Certificate No. 74175

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Soles (Name on Original Certificate) who born (Was Born or Died) on Dec. 2, 1919 (Date of Event)
in Sandpoint (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Edith Gertrude Soles

Subscribed and sworn to before me this 4th day of February, 1958.
Margaret E. Johnston
Notary Public, residing at Forest Grove, Oregon
My commission expires February 7, 1960
(Seal)

Signed Mable Mae Arcuti
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. Box 78A Forest Grove
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 29 day of January, 1958
Susie M. Campbell
Notary Public, residing at Spokane, Wash.
My commission expires August 31, 1959
(Seal)

Signed Mrs. Alice Motyka
(Signature of Any Credible Person)
7823 E. Ulan Spokane Wash
(Street Address, City, State)

FORM DPH 55.155

NNCL 1-21-58 nm

Birth certificate on file, State file No. 242118 for Robert Ernest Barfus born April 3, 1936, gives name of mother as Edith Gertrude Soles - viewed by V.S.

MAR 7 1968

Marriage License, State of Idaho, Co. of Bonner, issued 3 June 1935, give bride as Edith Certrude Soles and groom as Oscar Earnest Barfuss - viewd by V.S.

Marriage Certificate, State of Idaho, Sandpoint, Bonner, Idaho, Married June 12, 1935, gives bride as Edith Gertrude Soles and groom as Oscar Earnest Barfuss - viewed by V.S.

295-103-009-963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74176

PLACE OF BIRTH

County of Boonor

City of Dover

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD William Donald Sinclair

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Sinclair	FULL MAIDEN NAME	Lena Rock
RESIDENCE	Dover	RESIDENCE	Dover
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ontario	BIRTHPLACE	Wisconsin
OCCUPATION	Lumberman	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson MD

Sandpoint Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 9 1919

FLOYD G. WENDLE
Registrar

845-128-009-845

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 424 Superior St.

Hospital Lancaster Maternity

Registration District No. 49 File No. 74177

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Paul Charles Hunner

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	Twin	1st.	Yes	Nov 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Hunner	FULL MAIDEN NAME	Marguerite Hunner
RESIDENCE	514 Oak St	RESIDENCE	514 Oak St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Alma Wisc.	BIRTHPLACE	Eau Claire Wisc
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2-45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd E. Wendle

Sandpoint (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 8 1919

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-228-009-845

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74178

County of Bonner

City of Sandpoint Registration District No. 78 File No.

No. 424 Superior St.

Hospital Lancaster Maternity Primary Registration District No. 2633 Registered No.

FULL NAME OF CHILD Marguerite Charlotte Hunner

Sex of Child F. | Twin Triplet or other? twin (To be answered only in event of plural births) and | Number in order of birth 2nd | Legitimate? yes | Date of Birth Nov. (Month) 28 (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Hunner	FULL MAIDEN NAME	Marguerite Hunner
RESIDENCE	574 Oak St	RESIDENCE	574 Oak St
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Alma Wis	BIRTHPLACE	Eau Claire Wis
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 — P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle

Sandpoint Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 8 1914

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1947

243-227-005-243

Amended 4-29-63

(Be sure the information is complete and accurate)

State File No. 74179

Local Reg. No.

Reg. Dist. No. 78

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mildred
b. (Middle): Pearl
c. (Last): Buchanan

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Nov. (Day) 27, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): George
b. (Middle): F.
c. (Last): Buchanan

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Pennsylvania

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Erma
b. (Middle): S.
c. (Last): Butterfield

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: O. F. Page, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Sandpoint, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Dec. 8, 1919

20. REGISTRAR'S SIGNATURE: Floyd G. Wendle

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED APR 30 1963 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Orange } ss.

Certificate No. 74179

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Mildred Pearl Buchanin (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1919 (Date of Event) in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Buchanin	Mildred Pearl Buchanan
Father's Last Name	Buchanin	George F. Buchanan
Mother's Full Maiden Name	Emma Butterfeild	(ERMA-S. [illegible] Butterfield)

Subscribed and sworn to before me this 24th day of April, 1963

Ruth J. Harris

Notary Public, residing at Santa Ana, Calif.

My commission expires My Commission Expires November 22, 1966

(Seal)

Signed: Emma S. Butterfield Buchanan

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 L 4-17-63. two copies pd.

Transfer Card, Ventura Union High School District, Ventura Junior High School, Ventura, California - Arnaz District, gives full name of student as Mildred Buchanan, age 16, Class 10, born Nov. 27, 1919 - name of parent, Mrs. Geo. Buchanan - viewed by V.S.

Baptismal Certificate, Angelus Temple, The Church of the Foursquare Gospel, Los Angeles, California - baptized September 8, 1927 gives full name as Mildred Buchanan - viewed by V.S.

Social Security Card, dated Dec. 4, 1936 gives full name as George Franklin Buchanan - #551-10-4501 - viewed by V.S.

Certificate of Marriage, married July 22, 1919 at Coeur d'Alene, Idaho - Kootenai County, by Horace H. Hubbard, Justice of the Peace - gives full name of groom as George Buchanan and full name of bride as Sarah Butterfield - viewed by V.S.

Federal Census Record, taken June 1, 1900, North Elgin, Union County, State of Oregon gives full name as Erma S. Butterfield, age 2, born Mar., 1898 in Oregon - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Sand Point

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

74179

Registration District No. ~7

File No. .....

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD Mildred Pearl Buchanan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 27 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George F. Buchanan	Emma Butterfield
RESIDENCE	Sand Point	Sand Point
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	21
BIRTHPLACE	Pennsylvania	Oregon
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Cage MD

(Physician or midwife)

Address Sand Point, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 5 1917 FLOYD G. WENDLE

Registrar

APR 30 1963

464-222-009-254

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... *St.*

Hospital City

Registration District No. 78

Primary Registration District No. 2155

File No. 74181

Registered No. .....

FULL NAME OF CHILD Vadna Marie Dourghty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Sylvia Russel Dourghty	FULL MAIDEN NAME	Sylvia Anne Kempton
RESIDENCE	Dover, Idaho.	RESIDENCE	Dover, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	2[illegible] (Years)	AGE AT LAST BIRTHDAY	26 19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Michigan
OCCUPATION	Lumberman	OCCUPATION	House-wife.

Number of child of this mother, including present birth I

Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Page MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint, Idaho.

Filed Dec 8 1919

FLOYD G. WENDLE
Registrar

Registrar

MAR 3 0 1976

459-122-005-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74182

County of ...Bonner.....

City of ....Sandpoint.....

No. .....St.

Hospital ....City. .....

Registration District No. ....78.....

Primary Registration District No. 2135

File No. .....

Registered No. .....

FULL NAME OF CHILD ...Rex Wallace Daitrick.....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 22 1909

FATHER	MOTHER
FULL NAME: Rex Brainard Daitrick	FULL MAIDEN NAME: Hazel Adalia Smith
RESIDENCE: Clarks Fork	RESIDENCE: Clarks Fork
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Wyoming
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth .....1..... Number of children of this mother now living, including present birth ..1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was .....born alive..... (Born alive or stillborn) at 5:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Payne MD

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

.....
Registrar

Address .....Sandpoint, Idaho.....

Filed Dec 5 19 19

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

466-222-009-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital Central

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74183

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Moon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	—		—	yes	Nov 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George B Moon	FULL MAIDEN NAME	Hellen Christensen
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Michigan
OCCUPATION	Lumberman	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 10 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson MD
Sandpoint Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec 8 1919 FLOYD G. WENDLE Registrar

597-221-009-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74184

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Edith M. Vigue

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	Nov 21 1919

FATHER		MOTHER	
FULL NAME	Elbridge Vigue	FULL MAIDEN NAME	Dallas Watts
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wis.	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 19 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson MD

Sandpoint Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Dec 8 1919

FLOYD G. WENDLE
Registrar

Registrar

OCT 8 1952

693-119-009-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Sagle

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74185

Registration District No. 78

File No. .....

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD Vaughn Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter T. Wilson	FULL MAIDEN NAME	Girsel M. Clark
RESIDENCE	Sagle Ida.	RESIDENCE	Sagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Foyer M.

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Sand Point Ida

Filed Dec 8 1919

FLOYD G. WENDLE
Registrar

Registrar

253-213-005-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Sand Point

No. 125 Second St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—21m-8-8-17

Registration District No. 77

Primary Registration District No. 2125

File No. 74186

Registered No.

FULL NAME OF CHILD Beulah Beck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		#3	Yes	Nov 16 1917

FATHER		MOTHER	
FULL NAME	Commodore Beck	FULL MAIDEN NAME	Violet Thompson
RESIDENCE	Sand Point	RESIDENCE	Sand Point
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) O F Payne MD

(Physician or midwife)

Address Sand Point Ida

Filed Dec 8 1917

FLOYD G. WENDLE
Registrar

493-210-009-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **74187**

County of Bonner

City of Kootenai

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Ina Lois Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Don David Miller	FULL MAIDEN NAME	Amy Back
RESIDENCE	Kootenai, Ida.	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sand Point, Ida.

Filed Dec 8 1919

FLOYD G. WENDLE
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714-226-009-365

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74188

County of Bonner

City of Sandpoint Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No.

Hospital

FULL NAME OF CHILD Ethel May Gamby

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Oct 26 1919

FATHER

FULL NAME Frank Gamby

RESIDENCE Sandpoint, Ida

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Muskegon, Mich

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Gertrude Twiss

RESIDENCE Sandpoint, Ida

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Minn.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Patterson, By Floyd G Wendle

(Physician or midwife)

Address Floyd Wendle

Given names added from a supplemental report.

19

Registrar

Filed Dec 8 1919

FLOYD G. WENDLE Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1941

363-112-007-533

PLACE OF BIRTH

County of Clark

City of Argora PO

No. ..... St.

Hospital Home

STA[redacted]
BUREAU O[redacted]ISTICS
CERTIF[redacted]TH

Form [redacted] No. 11-C—25m-9-8-17

74189

Registration District No. 125 File No. .....

Primary Registration District No. 1203 Registered No. .....

FULL NAME OF CHILD KENNETH EDWARD COLSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm A Colson	FULL MAIDEN NAME	Sarah M Ellis
RESIDENCE	Argora PO	RESIDENCE	Argora PO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

..... Registrar

(Signature) C E Jones M D
(Physician or midwife)

Address Dubois Idaho

Filed Nov 12 1919 C E Jones M D
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]
[illegible] VITAL STA[illegible]
[illegible] CATE OF BIR[illegible]

States
tment of Commerce
u of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 25 1941

State File No.....
Local Reg. No.....
Reg. Dist. No.....

ACE OF BIRTH:
County Clark City Argora
Street Address or R F.D No. None
Name of Hospital or Maternity Home:
None
Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Clark
(c) City Argora
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Argora, Idaho
3. **RESIDENCE OF FATHER** (city, state) deceased

LL NAME CHILD Kenneth Edward Colson

5. Date of Birth (Month, day, year) Nov. 12, 1919

x. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

LL AME William A. Colson

lor Race White

12. Age at time of THIS birth 46 yrs.

rthplace Dillon, Montana
(City or town) (State or foreign country)

act cupation Livestock & farming

dustry or siness

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sadie Fayle

17. Color or Race white

18. Age at time of THIS birth 43 years

19. Birthplace Sandy, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

me prophylactic used to prevent Ophthalmia Neonatorum None

mber of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9
Born alive and now dead 3 (d) Stillborn none

HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date

d at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is ated to this child as.....(Mother, etc.)

OCT 25 1941 (Date received) (b).....(Registrar's signature)

ven name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

RECEIVED

of Idaho
y of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Mrs. Leah Tavenner, being first duly sworn, say that I am related to (Related to (or) acquainted with)
neth Edward Colson (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate s above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts ned therein are true to the best of my knowledge. I further state that Dr. C. E. Jones (Name of attendant at birth), who attended irth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Leah Tavenner Name

Dubois, Idaho P. O. Address

ubscribed and sworn to before me on this 24th day of October 1941.

(SEAL) Notary Public, residing at Dubois, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended 10-27-70

Form V. S. No. 11-C—25m-9-5-27

PLACE OF BIRTH

County of Clark

City of Dubois

386-204-017-168

No. ..... St.

Hospital Home

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 125

Primary Registration District No. 2203

74190

File No. .....

Registered No. .....

FULL NAME OF CHILD Rhea Ladicia Thompson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	9 4 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Stewart K. Thompson	Florence E. Johnson
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Fleming

Physician (Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 18 1919

C E Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MAR 5 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED

AUG 25 1970

Bureau of Vital Statistics

State of Utah
County of Salt Lake } ss.

Certificate No. 74190

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Beula Thompson (Name on Original Certificate) who born (Was Born or Died) on Nov. 4, 1919 (Date of Event)
in Dubois, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Beula Thompson	Rhea Ladicia Thompson

Subscribed and sworn to before me this 21st day of August, 19 70

Notary Public, residing at S.L.C.
My commission expires March 12, 1973
(Seal)

Signed Florence E. B. Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4601 So. 23rd East, S.L.C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

OCT 27 1970

Name given as Rhea Ladicia Thompson on
Marriage License of Charles Everett O'Nash and Rhea Ladicia Thompson
Salt Lake City, Utah by Oscar J. Harline , Grant Stake Pres. of the
Church of Jesus Christ of Latter Day Saints, March 14, 1939.
Viewed by [redacted]

Childs birth certificate, Jerry Lynn O'Nash gives name of mother as Rhea Ladicia Thompson. Child born Jan 4, 1945 in Salt Lake City, Utah. Eva Ramsey, Registrar. Viewed by V.S.

Certificate of Blessing gives name as Rhea Leodicea Thompson daughter of Stewart H. Thompson and Florence Elizabeth Johnson born Nov. 4, 1919 at Dubois, Ida. Blessed. Feb. 15, 1920 in L.D.S.Church.
Viewed by V.S.

815-121-017-355

Form V. S. No. 11-C—25m-9-3-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74191

County of Clark

City of Dubois

No. ..... St.

Hospital Home

Registration District No. 125

Primary Registration District No. 2203

File No. .....

Registered No. .....

FULL NAME OF CHILD Alfred Marion Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Hansen	FULL MAIDEN NAME	Maud Lee
RESIDENCE	Dubois, Ida. P.O.	RESIDENCE	Dubois, Ida. P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A.H. Young

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dubois, Idaho

Filed Nov 18 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1943

MAR 29 1943

993-123-026-168

Amended May 12, 1966

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74192
Local Reg. No. 125
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Camas P. O.
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Howe

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Camas
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Edward
b. (Middle): G.
c. (Last): Richardson

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 23, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Jabeb
b. (Middle): E.
c. (Last): Richardson

8. AGE (At time of this birth): 23 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Verrill
b. (Middle):
c. (Last): Johnston

13. AGE (At time of this birth): 16 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. H. Young, Physician

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Dubois, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov 15, 1919

22. REGISTRAR'S SIGNATURE: C. E. Jones, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?

CK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the STRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address e to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 2 1966
Bureau of Vital Statistics

State of Wash. } ss.
County of Kitsap }

Certificate No. 74192

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Earl Richardson (Name on Original Certificate) who was born (Was Born or Died) on Oct 23, 1919 (Date of Event)
in Jefferson co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Earl Richardson	Edward George Richardson

Subscribed and sworn to before me this 5th day of April, 1966

Notary Public, residing at Port Orchard Wash
My commission expires Aug 14, 1966
(Seal)

Signed Neoma C. Richardson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 263 Port Orchard Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Kitsap }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1957 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of April, 1966

Notary Public, residing at Port Orchard
My commission expires Aug 14, 1966
(Seal)

Signed Margaret Grogan
(Signature of Any Credible Person)

RT 2 Box 423 Port Orchard Wash.
(Street Address, City, State)

FORM DH 60-155

L. 4-5-66 AL

Honorable Discharge, U. S. Army, dated Dec 8, 1945 gives name as Edward G. Richardson born Oct 23, 1919 at Hamer, Idaho. viewed by V.S.

Certified copy of Marriage certificate #5955 issued by Clerk of the Dist. Court, Missoula County, Montana April 19, 1966 gives the following: Edward G. Richardson born Oct 23, 1919 married Aug 24, 1946 at Missoula, Montana. viewed by V.S.

No documents were presented that gave the full name as Edward George Richardson.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] No. 11-C—25m-9-[redacted]

PLACE OF BIRTH

County of Jefferson

City of Canas P.O.

No. ..... St.

Hospital ... Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74192

Registration District No. 125

Primary Registration District No. 1203

File No. .....

Registered No. .....

FULL NAME OF CHILD ... Earl Richardson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 23 1919

FATHER		MOTHER	
FULL NAME	Jabez E. Richardson	FULL MAIDEN NAME	Verrill Johnston
RESIDENCE	Canas Idaho	RESIDENCE	Canas, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ... 1 ... Number of children of this mother now living, including present birth ... 1 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. H. Young

Physician

(Physician or midwife)

Address Lewis Idaho

Filed Nov 15 1919

C. E. Jones M. D.

Registrar

[redacted]

[redacted]

MAY 12 1966

253-124-017-156

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74193

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Elton Beckstead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 24 1919

FATHER		MOTHER	
FULL NAME	Elton Beckstead	FULL MAIDEN NAME	Mary G. Howson
RESIDENCE	Dubois, Idaho.	RESIDENCE	Dubois Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mont.
OCCUPATION	R.R. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. Howard Young

Physician (Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 15 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-125-017-141

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74194

County of Clark

City of Dubois P.O. Registration District No. 125 File No.

No. St. Primary Registration District No. 2203 Registered No.

Hospital Home

FULL NAME OF CHILD Frank Parker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 25 1917

FATHER		MOTHER	
FULL NAME	George W. Parker	FULL MAIDEN NAME	Ida Lura Adams
RESIDENCE	Dubois Idaho	RESIDENCE	Dubois, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ky.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Fleming

Physician
(Physician or midwife)

Address Dubois - Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Nov 15 1917

C. E. Jones M.D.
Registrar

219-210-001-673

Form V. S. No. 1[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of S Boise

No. ..... St.

Hospital St Lukes

Registration District No. 8

Primary Registration District No. 2004

File No. 74195

Registered No. 79

FULL NAME OF CHILD Joyce W. Barnes

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
of	Twin	2	yes	Nov 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ora T. Barnes	FULL MAIDEN NAME	Olive M. Ogle
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Okla	BIRTHPLACE	Texas
OCCUPATION	Truck driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 303 McCarty Bldg

Filed 11-18 1919 L. A. Jeoman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-210-001-073

Form V. S. No. 11-b—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74196

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD Gladys Barnes

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F.	Twin	1	Yes.	Nov. 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME: Ora T. Barnes

RESIDENCE: South Boise -

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Okla -

OCCUPATION: Truck driver.

MOTHER

FULL MAIDEN NAME: Olive M. Ogle

RESIDENCE: South Boise -

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Texas.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5a M. on the date above stated.

(Signature) Dr. John Burch

(Physician or midwife)

Address 303 McCarter Bldg

Filed 11-18 1919

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1956

632-220-001-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11 [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74197

County of Ada

City of ~~(Boise)~~ Barber

Registration District No. 8

File No.

No. 3 - 4th St.

Primary Registration District No. 2004

Registered No. 86

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		yes	Nov 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Ones	FULL MAIDEN NAME	Bertha E Clark
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	France	BIRTHPLACE	Idaho
OCCUPATION	Lumberman	OCCUPATION	House-wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 44 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A H Parker

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19..

Address 303 McCarty Bld

Filed 11-26 1919 L R Freeman

Registrar

Registrar

559-123-001-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74198

County of Ada

City of

No. School District 48

Registration District No. 8

Primary Registration District No. 2004

File No.

Registered No. 85

Hospital

FULL NAME OF CHILD Raymond Harrison Evins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Nov 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Evins	FULL MAIDEN NAME	Minnie M. Moore
RESIDENCE	School District 48	RESIDENCE	North Carolina
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	California	BIRTHPLACE	North Carolina
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 8.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 303 McCarty Bldg

Filed 11-26 1919 F. O. Firman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-13-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74198

Date Filed .....

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 1 2 31 PM '78

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Evins (Name on Original Certificate) who was born (Was Born or Died) on Nov. 23, 1919 (Date of Event)

in Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Unnamed	Raymond Harrison Evins

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

X Signed Violet M. Smith (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 1978

Florence Curtright

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Evangeline K. Evins
(Signature of Any Credible Person)

2108 N. Pine
(Street Address, City, State)
La Grande, Ore

FORM DH 60-155

Certified copy of own childs birth certificate gives name of father as Raymond Harrison Evins. Daughter born Sept. 8, 1950. Copy issued by Vital Statistics in the state of Oregon.
Viewed by V. S.

Social Security Card gives name as Raymond Harrieon Evins. # 517-143654.
Issued by Social Security Dept. Oct. 1958
Viewed by V. S.

695-127-001-531

PLACE OF BIRTH AMENDED SEPT. 22, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 8 File No. 74199

Primary Registration District No. 2004 Registered No. 84

FULL NAME OF CHILD Estel Leroy Wingate
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 27, 1929

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: James Wingate	FULL MAIDEN NAME: Myrtle Elam
RESIDENCE: RFD #4	RESIDENCE: RFD #4
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

(Signature) H. Goodfriend
(Physician or midwife)

Address .....

Filed 11-19 1929 L. P. Pfirman
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 74199

Date Filed Nov. 19, 1919

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for James Wingate (Name on Original Certificate) who was born (Was Born or Died) on Oct. 27, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	James Wingate	Estel Leroy Wingate
Father's age; Mother's age	41 34 respectively	40 30 resp.
Mother's Maiden Name	Olie Webb (Grandmother's name)	Myrtle Flam
No. of Children		4

Subscribed and sworn to before me this 29th day of July 1954
Estel Leroy Blaine
Notary Public, residing at Boise, Idaho
My commission expires 5-13-55
(Seal)

Signed Myrtle Wingate
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of July 1954
Estel Leroy Blaine
Notary Public, residing at Boise, Idaho
My commission expires 5/13/55
(Seal)

Signed [signature]
(Signature of Any Credible Person)

819 Public St Boise Idah
(Street Address, City, State)

For verification of ages, see certificates numbered ~~123551, 148369,~~ 173590 and 201874.

DPH 52.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

695-127-001-652

County of

City of

No. St.

Hospital

Form V. S. No. 1.—Mar-6-15-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 74199

Primary Registration District No. 2004 Registered No. 84

Full Name of Child James Wingate

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male	1	1	Yes	Oct 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Wingate	FULL MAIDEN NAME	Chas Webb
RESIDENCE	R F D #4	RESIDENCE	R F D #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 11-19 1919 [signature]

Registrar

SEP 23 1954

819-207-001-845

PLACE OF BIRTH

County of Ada

City of Boise

No. Rossi & Grant St. RD #5 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

V. S. No. 11-

Registration District No. 8

File No. 74200

Primary Registration District No. 2007

Registered No. 83

Full Name of Child Selma Vivian Harter

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Nov (Month) 7 (Day) 1911 (Year)

FATHER	MOTHER
FULL NAME Ernest D Harter	FULL MAIDEN NAME Lillian Iona Hunt
RESIDENCE So Boise RD #5	RESIDENCE So. Boise RD #5
COLOR White AGE AT LAST BIRTHDAY 22 (Years)	COLOR White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Arkansas
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P P French

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address 417 Overland Bldg. Boise Idaho

Filed 11-19 1919 L P Forman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 15 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the num[illegible] of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Arrow Rock % Barber

No. 485-102-001-553 St.

Hospital

STATE OF IDA[illegible]
BUREAU OF VITAL S[illegible]
CERTIFICATE OF [illegible]

[illegible]. S. No. 11—25m-6-15-18

Registration District No. 8

File No. 74201

Primary Registration District No. 2004

Registered No. 82

Full Name of Child Oatis Augustis Dye Jr.

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Nov. 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oatis A Dye	FULL MAIDEN NAME	Mary E. Nethken
RESIDENCE	Arrow Rock % Barber	RESIDENCE	Arrow Rock % Barber
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Maryland
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French

~~B~~ Physician (Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Boise Idaho

Filed 11-19 1919 L. P. Kinman

Registrar

APR 13 1971

765-202
004-469

PLACE OF BIRTH

County of Wa

City of

No. St.

Hospital

[redacted] 11

BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

Registration District No. 8

File No. 74202

Primary Registration District No. 2004

Registered No. 81

FULL NAME OF CHILD Mary Him Gong

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov (Month) 2 (Day) 1919 (Year)

FATHER

FULL NAME Louis Him Gong

RESIDENCE Boise (Government Island)

COLOR Yellow

AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE China

OCCUPATION Gardener

MOTHER

FULL MAIDEN NAME Joan Luk Moi

RESIDENCE Boise (Government Island)

COLOR Yellow

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE China

OCCUPATION House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Callist

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 11-19 1919 L. A. Finman

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-213-001-599

PLACE OF BIRTH

County of Ada

City of near Ustick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74203

Registration District No. 8 File No. .....

Primary Registration District No. 2004 Registered No. 80

FULL NAME OF CHILD Gerda Margaret Holstrum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	Nov 13 1919

FATHER		MOTHER	
FULL NAME	John A. Holstrum	FULL MAIDEN NAME	Gerda S. Erickson
RESIDENCE	near Ustick	RESIDENCE	near Ustick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	61 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 303 McCarty Bldg

Filed 11-18 1919 L. A. Herman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1970

913-112-001-962

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of South Boise

No. ..... St.

Hospital .....

Registration District No. 8

Primary Registration District No. 2004

File No. 74204

Registered No. 78

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Nov. (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	C. S. Rathbone	FULL MAIDEN NAME	Laureta Rose
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 303 McCarty Bldg

Filed 11-18 1919 L A Firman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] OF BIRTH

[illegible] STATISTICS

[illegible] 74205

City of [illegible]

Registration District No. 49

File No.

No. St.

Primary Registration District No. 2178

Registered No.

343-127-031-312

Hospital

FULL NAME OF CHILD Lucas, JAMES MARTIN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			5	Yes	11-29 (Month) (Day) 1914 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James William Lucas	FULL MAIDEN NAME	Cora Castell
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M D

(Physician or midwife)

Given names added from a supplemental report.

Address

19

Filed Dec 6 1919

C. J. Johnson

Registrar

Registrar

S-Y CO. 24656

IN RESERVE

OCT 16 1947

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lewis }

Certificate No. 74205
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)

for (Name on original certificate) who (Was born or died) on (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Lucas	James Martin Lucas

Subscribed and sworn to before me this 7
day of November, 1941
J. E. Hill
Notary Public, residing at Kamiah Idaho
My commission expires 4-1-44
[SEAL]

Signed Mrs Cora Lucas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 17 1941
OCT 15 1947

Form V. S. No. 11—Mar-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Lewis name added 2-3-82 CERTIFICATE OF BIRTH

74206

City of Kamiah

243-119-031-535

No. ____ St.

Registration District No. 49

Primary Registration District No. 2128

File No. ____

Registered No. ____

Hospital ____

FULL NAME OF CHILD Donald William Buckingham

Sex of Child Male

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth 11-19 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Ross Buckingham

RESIDENCE Kamiah

COLOR White

AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Oregon

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jessie Ellison

RESIDENCE Kamiah

COLOR White

AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housework

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor

(Physician or midwife)

Address Kamiah Idaho

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 12/6/19 19____

C J Johnson Registrar

S-Y CO. 24656

11-30-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
FEB 1 1982
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 74206
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Buckingham (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-19-19 (Date of Event)

in Kamiah (Lewis) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Donald William Buckingham

Subscribed and sworn to before me this 29th day of January, 1982.

Notary Public, Sharon A. Miller

Residing at Great Falls

My commission expires 9/25/84

(Seal)

X Donald W. Buckingham
Signature of Applicant

505 - 2nd. St. N.W. Gt. Falls, Mont.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Washington } ss.
County of Whitman }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January, 1982.

Notary Public, Jacqueline M. Cook

Residing at Union Town, Washington

My commission expires 10-5-83

(Seal)

Allen D. Buckingham
Supporting Signature

S.E. 105 Derby, Pullman, WA 99163
Street Address, City, State

1 cc pd

FEB 3 1982

Joint School District No. 304 in Kamiah, ID states accoroing to old school records Donald W. Euckingham son of Ross Buckingham was 6 years old when entering school 9-6-26. Viewed by V.S.

Old FAmily Bible REcord obviously old gives Donald William Buckingham born 11-19-19 to Ross D and Jessie Buckingham. Viewed by V.S.

689-120-031-812

Form No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74207

County of Lewis

City of Kamiah

No. ..... St.

Hospital .....

Registration District No. 49

Primary Registration District No. 2128

File No. .....

Registered No. .....

FULL NAME OF CHILD Whitis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			6	yes	10 (Month) 20 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Whitis	FULL MAIDEN NAME	Dora Hoskins
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kamiah Idaho

Filed 2/6/19 19.... C J Johnson Registrar

..... Registrar

S-Y CO. 24656

466-102-031-465

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

74208

Registration District No. 49

Primary Registration District No. 2128

File No. _____

Registered No. _____

FULL NAME OF CHILD Moffit

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		2	yes	12 (Month) 2 (Day) 1914 (Year)

FATHER

FULL NAME Harry Moffat

RESIDENCE Kamiah

COLOR Red

AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah Monteith

RESIDENCE Kamiah

COLOR Red

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) W Taylor M D

(Physician or midwife)

Address Kamiah

Filed 12/6/19 19____ E J Johnson Registrar

S-Y CO. 24686

766 - 217 - 031 - 286

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74209

County of Lewis

City of Kamiah

No. _____ St.

Hospital _____

Registration District No. 49 File No. _____

Primary Registration District No. 2128 Registered No. _____

FULL NAME OF CHILD Poole, Milly Orene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	11-17-1919

FATHER		MOTHER	
FULL NAME	William Poole	FULL MAIDEN NAME	Jessie Shod
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E J Taylor M D

(Physician or midwife)

Address Kamiah Idaho

Filed 12/a/19 19..... Registrar

S-Y CO. 24656

SEP 20 1949

793-116-031-849

PLACE OF BIRTH

[redacted] V. S. No. 11—25m-1-1-13

STATE [redacted] BUREAU OF [redacted] STATISTICS

CERTIFICATE OF BIRTH.

County of Lewis

City of Kamiah

No. _____ St.

Hospital _____

Registration District No. 409 File No. 74210

Primary Registration District No. 2178 Registered No. _____

FULL NAME OF CHILD Lyman Joseph Gilmore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6	yes	11-16-1914

FATHER

FULL NAME Charles Gilmore

RESIDENCE Kamiah

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Dakota

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Sarah E Gunn

RESIDENCE Kamiah

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M D

(Physician or midwife)

Address Kamiah Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Nov 19 19

_____ Registrar

S-Y CO. 24656

AUG 1 1 1944

VCE OF HEALTH

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

County of Teton

City of Victor, Ida.

No. 259-127-041-365 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 74211

Registration District No. 77 File No. 41

Primary Registration District No. 2176 Registered No.

FULL NAME OF CHILD George Robert Berger

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Sing	4	yes	Aug 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lucius Robert Berger	FULL MAIDEN NAME	Violet Tomkins
RESIDENCE	Victor, Ida	RESIDENCE	Victor, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 8 1919 Meeting Murdock Registrar

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74211

PLACE OF BIRTH

Town

County of [illegible]

[illegible]

Registration District No. ...

Own Child's Birth Cert. on file, #295909 gives full name of father as George Robert Berger,-Viewed by V.S. L.D.S. Church Sealing Record, Nov. 13, 1940 gives one child's full name as George Robert Berger, born Aug. 27, 1919 at Victor, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Teton } ss.

Certificate No. 74211

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Berger (Name on Original Certificate) who born (Was Born or Died) on Aug. 27, 1919 (Date of Event)
in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	George Robert Berger

Subscribed and sworn to before me this 15th day of August, 1960.
Notary Public, residing at Driggs - Idaho
My commission expires June 20, 1964
(Seal)

Signed Violet Evelyn Jorden Berger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Victor - Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Teton } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of August, 1960.
Notary Public, residing at Driggs - Ida
My commission expires 6-20-1964
(Seal)

Signed
(Signature of Any Credible Person)
Victor Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7-27-60. nm

SEP 26 1960

255-210-041-415

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

V. S. No. 11-C-25m-8-8-17

CERTIFICATE OF BIRTH

74212

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 43

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD GLADYS BEESLEY

Sex of Child Female | Twin Triple or other Triple and Number in order of birth 2nd (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 10th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gilmore Corfee Beesley	FULL MAIDEN NAME	Edna Weaver
RESIDENCE	Driggs, Fdg	RESIDENCE	Driggs Fdg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs, Fdg

Filed Dec 8 1919 Martha Marker

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 12 1970
Bureau of Vital Statistics

State of Idaho } ss.
County of Bonneville

Certificate No. 74212

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Beesley (female) (Name on Original Certificate) who was born (Was Born or Died) on October 10, 1919 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Beesley	Gladys Beesley

Subscribed and sworn to before me this 12th day of November, 1970

Notary Public, residing at Idaho Falls, Idaho

My commission expires August 1, 1973
(Seal)

Signed Edna W. Beesley Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

326 7th St. Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON (Mother of Child)

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 10-29-70 CL

The Christening Certificate states that Gladys Beesley was born on Oct. 10, 1919 and Christened on Dec. 7, 1919. Sponsors Byshop Reynols.
Viewed by V.S.

Copy of Original Announcement issued at time of birth gives name as Gladys Beesley born Oct. 10, 1919 to Mr. & Mrs. Gillmore Beesley.
Viewed by VS.

445-103-041-123

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74213

County of Teton

City of Alta Wyo

No. ..... St.

Hospital .....

Registration District No. 77 File No. 42

Primary Registration District No. 9176 Registered No. .....

FULL NAME OF CHILD Alma Joseph Duersch

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	5th	yes	Oct 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Duersch	FULL MAIDEN NAME	Lena Aschbacher
RESIDENCE	Alta Wyo	RESIDENCE	Alta, Wyo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs, Ida

Filed Dec 8 1919 Martha Marker

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-124-041-434

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74214

County of Idaho

City of Duggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 45

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single		4	Yes	Oct 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Ira Ray Fowler	FULL MAIDEN NAME	Lillian McDaniels
RESIDENCE	Duggs, Ida	RESIDENCE	Duggs, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mgr. Studbaker Co.	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Duggs Ida

Filed Dec 8 1919 Martha Markis Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

293-111=041-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74215

County of Latah

City of Onaqui

No. ..... St.

Registration District No. 77

File No. 44

Primary Registration District No. 2176

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other	Number in order of birth	Legitimate?	Date of Birth
Male	Single	7	Yes	Oct 11 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	William Luther Kilpatrick	FULL MAIDEN NAME Jeanette Lalonde
RESIDENCE	Onaqui, Ida	RESIDENCE Onaqui, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas J Masters

(Physician or midwife)

Address Onaqui Ida

Filed Dec 8 1917 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

74215

Place of Birth

City Driggs Idaho

Street and House No.

County Teton

Registered No. 44

Registration Dist. No. 77

Sex of Child Male

Date of Birth Oct (MONTH) 11 (DAY) 1919 (YEAR)

Father Wm Leslie Killpack (FULL NAME)

Mother Janette Kelly Palmer (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

William Loren Killpack (GIVEN NAME IN FULL) (SURNAME)

as reported by Janette Killpack (FATHER OR MOTHER)

Mrs Martha Marker (LOCAL REGISTRAR)

793-203-041-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74216

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 47

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD RuBe Gilbert

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of Birth
Female	Single	4th	Yes	Nov 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert L. Gilbert	FULL MAIDEN NAME	Hazel Cordon
RESIDENCE	Soda Springs Ida	RESIDENCE	Soda Springs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Ida

Filed Dec 8 1919 Martha Marker Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 16 8 32 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 74216

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnaemd Gilbert (Female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 3, 1919 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	RuBe Gilbert

Subscribed and sworn to before me this 3 day of November, 19 72

Della Brittenbeker

Notary Public, residing at Soda Springs, Idaho

My commission expires 12/20/74

(Seal)

Signed Hazel Co Gilbert

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bancroft, Idaho 83217

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of November, 19 72

Della Brittenbeker

Notary Public, residing at Soda Springs, Idaho

My commission expires 12/20/74

(Seal)

Signed W. F. Gilbert

(Signature of Any Credible Person)

Bancroft, Idaho 83217

(Street Address, City, State)

FORM DH 60-155 CL 10/10/72 nm

JAN 21 1975

Marriage License and Certificate from Idaho gives names as Carl G. Hamp and RuBe Gilbert. dated Oct. 3, 1959. viewed by V. S.

Diploma fromL.D.S. Seminaries gives name asRuBe Gilbert. dated May 1, 1938. viewed by V. S.

389-118-041-841

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

74217

Registration District No. 77 File No. 49

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD ROBERT MANLEY CHISMAN

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	3	Yes	Nov 18 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Chisman	Ella Lund
RESIDENCE	Driggs, Ida.	Driggs, Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 34	White / 31
BIRTHPLACE	Iowa	N. D.
OCCUPATION	Mechanic	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. H. Chisman

Physician

(Physician or midwife)

Address Driggs, Ida.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Dec 8th, 1919 Martha Marker

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of San Francisco } ss.

Certificate No. 74217

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of 1911 (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert/Chisman Manley

Subscribed and sworn to before me this 8th
day of September, 1942
Clinton W Vaughn
Notary Public, residing at San Francisco, California
My commission expires Nov. 20th 1943.
(Seal)

Signed X Ella M. Chisman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Diego } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of Sept 1942
P O Hughes
Notary Public, residing at San Diego Calif
Commission Expires November 19, 1943

Signed Jodie Chisman
(Signature of Any Credible Person Other Than Previous Year)

3765 24th Ave
(Street Address, City, State)
San Diego Calif

SEP 1-8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

74218

County of Teton

City of Victor

No. 349-110-041-255 St.

Registration District No. 77

File No. 48

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	2	Yes	Nov 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray B. Curtis	FULL MAIDEN NAME	Martha Bevan
RESIDENCE	Victor, Ida	RESIDENCE	Victor Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Martin

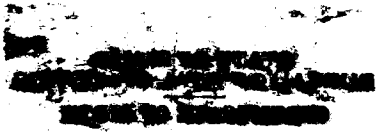
Physician (Physician or midwife)

Given names added from a supplemental report.

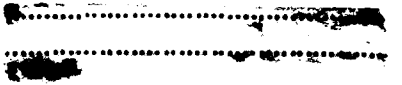
Address Driggs, Ida

Filed Dec 8 1919 Martha Marlee Registrar

Registrar



JUN 2 7 1974



418-110-041-454

PLACE OF BIRTH

County of Teton

City of Felt

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. E. [illegible]

74219

Registration District No. 77 File No. 51

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD JAMES NEDROW Dayton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Nov. 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Lysander Dayton	FULL MAIDEN NAME	Emma Henrietta Medrow
RESIDENCE	Felt	RESIDENCE	Felt
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes G. Culverson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ruggles Idaho

Filed Dec 9 1919 Martha Marker
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 74219

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH [redacted])

for James Nedrow Dayton (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN [redacted]) on Nov. 10, 1919 (DATE OF EVENT)

in Felt (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by LDS Church Record (B[redacted]D, INSURANCE POLICY, [redacted]) prepared on Dec 10, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed X	James Nedrow Dayton

Subscribed and sworn to before me this 28th day of December, 1942

Notary Public, residing at Shanthony, Idaho

My commission expires Jan 18-1945 (SEAL)

Signed Thomas Lysander Dayton (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Shanthony, Idaho (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed ..... (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires ..... (SEAL)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

MAR 29 1971

JAN 4 1943

796-128-041-962

PLACE OF BIRTH

County of Teton

City of Chapin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [illegible]

74220

Registration District No. 77 File No. 50

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD MORGAN J. GROVER

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single		6	Yes	Nov 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James P. Grover	FULL MAIDEN NAME	Lottie Robinson
RESIDENCE	Chapin, Ida	RESIDENCE	Chapin, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Drizzy, Ida

Filed Dec 8 1919 Martha Marker

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Utah } ss.
County of Morgan }

Certificate No. 74220
Date Filed SEP 10 19[illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Morgan J. Grover (Name on original certificate) who born (Was born or died) on December 28, 1919 (Date of event)
in Kaysville, Utah (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Ward Record (Bible record, insurance policy, etc.) prepared on Blessed Jan. 4 - 1920 (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Morgan J. Grover

Subscribed and sworn to before me this 5th
day of September 1944

Bell Heiner
Notary Public, residing at Morgan Utah
My commission expires May 17 - 1943
[SEAL]

Signed James P. Grover
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Morgan, Utah
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Utah } ss.
County of Morgan }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of September 1944

Bell Heiner
Notary Public, residing at Morgan Utah
My commission expires May 17-1943
[SEAL]

Signed Robert E Ellis
(Signature of any credible person other than the previous affiant)
Morgan, Utah.
(Street Address, City, State)
Ward Clerk. No Morgan Ward.

Received for filing on ..... by .....
(Registrar's signature)

JUL 11 1955

SEP 1 6 19

619-116-04-281

PLACE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—[illegible]

74221

Registration District No. 77 File No. 52

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD 2 Wardel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Mar. (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Wilford Wardel	FULL MAIDEN NAME	Melissa Anna Shaw
RESIDENCE	Victor	RESIDENCE	Victo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

..... Registrar

Filed Dec 9 1919 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-123-047-445

PLACE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Hospital Name added 7/20/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

74222

Registration District No. 77

File No. 53

Primary Registration District No. 2176

Registered No. .....

FULL NAME OF CHILD Jediah Floyd Hathaway

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Nov. 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jed Hathaway	FULL MAIDEN NAME	Ida Dunn
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs Idaho
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mississippi
OCCUPATION	Rancheman	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 23 - Alive (Born alive or stillborn) at 11 30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H. Culverson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

..... Registrar

Filed Dec 9 1919 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1981

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

Rec'd May 28, '81

State of Idaho } ss.
County of _____

Certificate No. 7422
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hathaway (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 23, 1919 (Date of Event)

in Tetonia (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	omitted	Jediah Floyd Hathaway

Subscribed and sworn to before me this 26th day of May, 1981.
Notary Public, Betty Lou Rowan
Residing at Rigby, Idaho
My commission expires 1-4-83
(Seal)

Jediah Floyd Hathaway
Signature of Applicant
PO Box 243 Rigby Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of May, 1984.
Notary Public, Betty Lou Rowan
Residing at Rigby, Idaho
My commission expires 1-4-83
(Seal)

Albert B. Dunn
Supporting Signature
467 W Rigby Id
Street Address, City, State

Own child's birth certificat on file with Bureau of Vital Statistics, Boise Idaho gives name as Jediah Floyd Hathaway. Child born July 9, 1956, in Rigby, Idaho.
Viewed by V.S.

Army of U. S. Honorable Discharge gives name as Jediah Floyd Hathaway born Nov. 23, 1918, Tetonia Idaho, Entered service Oct 16, 1940. Separated July 3, 1943.
Viewed by V.S.

914-209-041 857

Form V. S. No. [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74223

Registration District No. 77

Primary Registration District No. 2176

File No. 40

Registered No. .....

FULL NAME OF CHILD ~~Baby~~ ASENETH Rammell

Sex of Child: female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Nov. 9 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: P. S. Rammell

RESIDENCE: Tetonia

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: L. J. Negated

RESIDENCE: Tetonia

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

Midwife (Physician or midwife)

Address Tetonia Ida

Given names added from a supplemental report. ..... 19.....

Filed Dec 1st 1919 Martha Marker Registrar

..... Registrar

S-Y CO. 24656

NOV 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Teton } ss.

Certificate No. 74223

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Aseneth Rammell ~~Donaldsen~~ (Name on Original Certificate) who was born (Was Born or Died) on Nov. 9, 1919 (Date of Event)
in Tetonia Id. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on continuous (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Aseneth Rammell ~~Donaldsen~~

Subscribed and sworn to before me this 7 day of Nov., 1942

Notary Public, residing at Tetonia Id

My commission expires Jan. 6, 1945
(Seal)

Signed Lettie J. Rammell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Tetonia, Id.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of Nov., 1942

Notary Public, residing at Tetonia

My commission expires Jan. 6, 1945
(Seal)

Signed Emma N. Hawkes
(Signature of Any Credible Person Other Than Previous Year)

Tetonia, Id.
(Street Address, City, State)

NOV 12 1942

643-228-041-335

PLACE OF BIRTH

name, date of birth, & mother's name amended 10/29/84

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

Registration District No. 77

Primary Registration District No. 2176

File No. 74224 54

Registered No. .....

FULL NAME OF CHILD Marina Etta Fullmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Nov - 29 28 1919

FATHER		MOTHER	
FULL NAME	Charles M. Fullmer	FULL MAIDEN NAME	Gladys O. Clements
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	N	COLOR	N
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Ranch Man	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gayes G. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Driggs Idaho

Filed Dec 9 1919 Martha Marker

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 1 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Teton

Certificate No. 74224

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Martha Ella Fullmer (Name on Original Certificate) who was born (Was Born or Died) on November 29, 1919 (Date of Event)
in Tetonia (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child middle name	Ella	Omit
Date of birth	Nov. 29	Nov. 28
mother's name	Gladis O. Clements	Gladys Clements

Subscribed and sworn to before me this 19 day of May, 1977

Notary Public, residing at Clerk District Court
My commission expires
(Seal)

Signed Charles M. Fullmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 Correction corresp. (F) 4-29-77 nm

Certificate of birth from LDS Church dated Aug. 22, 1977 givies name as Martha Fuller born November 28, 1919 in Tetonia, Idaho. Father's name as Charles M. Fullmer and motehr's name as Gladys Elzada Clements. entered on record Nov.28, 1919. viewed by tlc.

Application for insurance from Beneficial Life Ins. co. gives name as Martha Fullmer born Nov. 28, 1919 . dated Aug.12, 1927. viewed by V. S. tlc

557-130-041-393

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74225

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77

File No. 55

Primary Registration District No. 2176

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Nov. 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Engberson	FULL MAIDEN NAME	Eva Little
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	N	COLOR	N
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancheman	OCCUPATION	Housecarfe

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 80 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H. Culberson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed Dec 9 1919 Martha Marker

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-205-041-685

PLACE OF BIRTH

AMENDED - AUGUST 26, 1948

County of Teton

City of Felt

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 74226

Primary Registration District No. 2176 Registered No. 35

FULL NAME OF CHILD Veda Wheeler Robinson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / etc. and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Oct. 5 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Elijah Robinson	FULL MAIDEN NAME: Almeda Wheeler
RESIDENCE: Felt, Idaho	RESIDENCE: Felt, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 44 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Hayes H. Culbertson, M.D.

..... (Physician or midwife)

Address Driggs, Idaho

Filed Dec. 9 1919 Martha Marker Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Registrar
State of Columbia } ss.
County of Washington

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Veda Wheeler Robinson (Name on original certificate) who was born (Was born or died) on 5 October 1919 (Date of event)
in Felt, Teton Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name to be filled in on record		

Subscribed and sworn to before me this 27th day of Nov, 1941

[signature]

Notary Public, residing at Washington D.C.

My commission expires Jan. 3, 1942

[SEAL]

Signed Phebe A. Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

809 - 21st St. N.W. Washington, D.C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of District of Columbia } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of December, 1941

William C. Young

Notary Public, residing at Washington D.C.

My commission expires 4/14/45

[SEAL]

Signed Joel H. Bowen
(Signature of any credible person other than the previous affiant.)

20 N. Highland St. Arlington, Va.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 18 1941

JUN 2 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Teton }

Certificate No. 74226
Date Filed Dec. 9, 1919

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for Veda Wheeler Robinson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1919 (Date of Event)
in Felt, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mothers Name	Alta Wheeler	Almeda Wheeler

Subscribed and sworn to before me this 18 day of Aug 1948
Joyce M Thewin
Notary Public, residing at Providence, Utah
My commission expires 12/30/49
(Seal)

Signed Elijah Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of August 1948
Joyce M Thewin
Notary Public, residing at Providence, Utah
My commission expires 12/30/49
(Seal)

Signed Phebe Robinson
(Signature of Any Credible Person)

Providence Utah
(Street Address, City, State)

AUG 26 1948

AUG 4 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74226

County of Teton

City of Felt

No. _____ St.

Hospital _____

Registration District No. 77

File No. ~~34~~ 35

Primary Registration District No. 2176

Registered No. _____

FULL NAME OF CHILD VEDA WHEELER Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ezgal Robinson	FULL MAIDEN NAME	Ida Wheeler
RESIDENCE	Felt	RESIDENCE	Felt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	79 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hayes H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Driggs Idaho

Filed Dec 9 - 1919 Martha Marker Registrar

S-Y-CO 38071

PLACE OF BIRTH AMENDED - AUGUST 26, 1948 STATE OF IDAHO
962 - 205 - 041 - 685 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Felt

No. ..... St. Registration District No. 77 File No. 74227

Hospital ..... Primary Registration District No. 2176 Registered No. 34

FULL NAME OF CHILD Vada Wheeler Robinson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or another? and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		Yes	Oct. 5 1919

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Elijah Robinson	FULL MAIDEN NAME: Almeda Wheeler
RESIDENCE: Felt, Idaho	RESIDENCE: Felt, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 44 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Hayes H. Culbertson, M. D.

(Physician or midwife)

Address Driggs, Idaho

Filed Dec. 9 1919 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Dist. of Columbia
City of Washington } ss.

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Vada Wheeler Robinson (Name on original certificate) who was born (Was born or died) on 5 Oct 1919 (Date of event)
in Felt, Teton Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name to be filled in		

Subscribed and sworn to before me this 27th day of Nov, 1941

N B Crystler
Notary Public, residing at Washington D.C.
My commission expires Jan 3, 1943
[SEAL]

Signed Phebe A. Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
809 – 21st St. N.W. Washington D.C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of District Columbia
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of December, 1941

William C Young
Notary Public, residing at Washington D.C.
My commission expires 4/14/45
[SEAL]

Signed Joel H. Bowen
(Signature of any credible person other than the previous affiant.)
20 N. Highland St. Arlington, Va.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 18 1941

JUN 2 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Teton }

Certificate No. 74227

Date Filed Dec. 9, 1919

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vada Wheeler Robinson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1919 (Date of Event)
in Felt, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mothers Name	Alta Wheeler	Almeda Wheeler

Subscribed and sworn to before me this 18 day of Dec., 1948
Floyd M Thurman
Notary Public, residing at Providence
My commission expires 12/30/49
(Seal)

Signed Elijah Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of Dec., 1948
Floyd M Thurman
Notary Public, residing at Providence Utah
My commission expires 12/30/49
(Seal)

Signed Phebe Robinson
(Signature of Any Credible Person)

Providence Utah
(Street Address, City, State)

AUG 26 1948

AUG 4 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont Teton

City of Felt

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

-74227

Registration District No. 77

File No. 34

Primary Registration District No. 2176

Registered No. .....

FULL NAME OF CHILD VADA WHEELER Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F & F	Twins		yes	Oct - 5 - 191?

FATHER		MOTHER	
FULL NAME	Elijah Robinson	FULL MAIDEN NAME	Alata Wheeler
RESIDENCE	~~Idaho~~ Felt	RESIDENCE	Felt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth 17 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. Eugene A. Culbertson

Physician (Physician or midwife)

Address Driggs Idaho

Filed Dec 9th 1919 Martha Marker Registrar

168-229-041-145

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Teton

City of Victor, Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74228

Registration District No. 77 File No. 46

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Orpha Marie Johnson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	1st	Yes	Oct 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William E. Johnson	FULL MAIDEN NAME	Lella Junkins
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Orpha Ida

Filed Dec 24 1919 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1948

659-219
001-234

PLACE OF [redacted]

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74229

County of Ada

City of Boise

Registration District No. 2

File No.

No. St.

Primary Registration District No. 1004

Registered No. 559

Hospital St Alphonsus

FULL NAME OF CHILD EMMA Bertha ~~[illegible]~~ ELIZABETH Weisshaupt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Nov 19 1919

FATHER		MOTHER	
FULL NAME	Gustave A Weisshaupt	FULL MAIDEN NAME	Bertha Studer
RESIDENCE	Maple Grove School Dist	RESIDENCE	Maple Grove School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	farmer	OCCUPATION	farmer

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address 303 McCarty Bldg.

Filed 11-26 1919 L. P. Forman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTM[illegible]LIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO COR[illegible]EN[illegible] AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 74229

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Emma Bertha, Elisabeth was born (Name on Original Certificate) (Was Born or Died) on Nov. 19. 1919. (Date of Event)
in St. Alphonsus Hospital (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bertha Erma Weisshaupt	Emma Bertha Elisabeth Weisshaupt

Subscribed and sworn to before me this 19th
day of May, 19 43

L.M. Green

Notary Public, residing at Burley Idaho

My commission expires 12-15-43
(Seal)

Signed Mrs. Adolf Weisshaupt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

321 South Fourth, Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 19 1943

PLACE OF BIRTH 643-219-001-614

Form V. S. No. 11—25m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74230

County of Ada

City of Boise

No. 1413 E Bannock

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 560

Full Name of Child Ruth Della Fulton

SEX OF CHILD F.E.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 11 (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clyde F. Fulton	FULL MAIDEN NAME	Gladys Wadsworth
RESIDENCE	1413 E Bannock	RESIDENCE	1413 E Bannock
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 6 25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

Overland Bldg (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 11-24 1919 L P Herman Registrar

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74230

Registration District No. ..... File No. .....

Primary Registration District No. 1004 Registered No. 560

MAR 26 19..

Full Name of Child

SEX OF CHILD	Twin, Triplet or other? (To be answered only in case of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Year)
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER
RESIDENCE			RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)		COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE			BIRTHPLACE	
OCCUPATION			OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... M.
(Normal or of stillborn)
on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19 ..... Address .....

..... Filed ..... 19 .....

Registrar Registrar

413-121-007-265

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74231

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 561

Hospital St. Lukes

FULL NAME OF CHILD John Albert Mather

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Nov 21 19 9

FATHER		MOTHER	
FULL NAME	Chas D. Mather	FULL MAIDEN NAME	Louise H. Boeck
RESIDENCE	135 Warm Spg Ave	RESIDENCE	135 Warm Spg. Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	England	BIRTHPLACE	Neb
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician or midwife)

Address 303 McCarty Bldg

Given names added from a supplemental report.

19

Registrar

Filed 11-26-19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 [illegible] 1941
JAN 2 1942

3/29/41 L. B.

252-122-001-135

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74232

County of Ada

City of Boise — Registration District No. 2 — File No.

No. ..... St. — Primary Registration District No. 1004 — Registered No. 568

Hospital St Alphonsus.

FULL NAME OF CHILD Gerald Roy Sebree

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy A. Sebree	FULL MAIDEN NAME	Thelma Alexander
RESIDENCE	2004 N 9th	RESIDENCE	2004 N 9th
COLOR	White — AGE AT LAST BIRTHDAY 24 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nevada
OCCUPATION	Traveling man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 10.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 303 McCarty Bldg

Filed 11-26 1919 — L A Firman, Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

AUG 19 1959

1/27/41 L. B.

249-217-001-619

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74233

County of Ida

City of Boise

No. _____ St.

Hospital _____

Registration District No. 2

Primary Registration District No. 1004

File No. _____

Registered No. 558

Full Name of Child _____

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 10 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Owen Smith	FULL MAIDEN NAME	Violet Horn
RESIDENCE	1610-N-15	RESIDENCE	1610-N-15
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Boise Idaho.
OCCUPATION	Meter Reader	OCCUPATION	House wife.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed 11-24 1919 L. R. Froman

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

[redacted]

864-117-001

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C—20m-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74234

County of Ada

City of Boise

No. 1310 N. 7 St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 557

FULL NAME OF CHILD Richard Harvey Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Nov 17 1919

FATHER	MOTHER
FULL NAME David Lawrence Young	FULL MAIDEN NAME Emma F. Fair
RESIDENCE 1310 N 7th	RESIDENCE 1310 N 7
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Atty.	OCCUPATION House wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Buck

(Physician or midwife)

Address 303 McCarty Bldg.

Given names added from a supplemental report.

19

Registrar

Filed 11-26 1919

Registrar

Certified Copy issued Jan. 20, 1941. E.W.

493-113-001-763

528

PLACE OF BIRTH

34

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

74235

County of Ada

City of Boise

No. 407 N. 8th St.

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 528

Hospital

Full Name of Child William Richard Mickey

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Oct. 13th 1919

FATHER		MOTHER	
FULL NAME	Ernest H. Mickey	FULL MAIDEN NAME	Winnifred May Poston
RESIDENCE	519 main st.	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington Co Idaho	BIRTHPLACE	Post Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 12-30 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory M.D.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address .....

Filed Nov. 10 1919 L. F. Pfirman

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/5/40 L. B.

1

FEB 2 1942

962-128
981-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[redacted]

CERTIFICATE OF BIRTH

74236

County of Ada

City of Boise Registration District No. 2 File No.

No. St. Primary Registration District No. 1004 Registered No. 529

Hospital St Lukes

FULL NAME OF CHILD Infant Ross.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	12	yes	Oct 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel F. Ross.	Mamie M. Cone
RESIDENCE	Temple Gulch.	Temple Gulch
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	53	43
BIRTHPLACE	Utah.	Albion Idaho
OCCUPATION	Laborer.	House Wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~) at 4.20 A. M. on the date above stated.

(Signature) F. W. Braxton M. D.

(Physician or midwife)

Address

Filed Nov. 10 19 19 L. I. Ifirman

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
74275

236-124-001
847
PLACE OF BIRTH

Form V. S. No. 11-C--25m-[illegible]-19[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74237

County of Ada

City of Boise Registration District No. 8 File No.

No. — St.

Primary Registration District No. 1004 Registered No. 530

Hospital St. Luke's

FULL NAME OF CHILD Robert Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 - 24 - 1919

FATHER

FULL NAME: A. J. Scott

RESIDENCE: dead

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Wyoming

OCCUPATION: Bank Clerk

MOTHER

FULL MAIDEN NAME: Alta J. Hughes

RESIDENCE: 1224 Hazel St., Boise

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: South Dakota

OCCUPATION: Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 55 p. M. on the date above stated.

(Signature) C. M. Taylor M.D.

(Physician or midwife)

Address Boise Idaho

Filed 11/10 1919 L. P. Ryerman Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 1-...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74237

TH

249-229-301-866

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74238

County of Ada

City of Boise

Registration District No. 2 File No.

No. — St.

Primary Registration District No. 1004 Registered No. 531

Hospital St. Luke's

FULL NAME OF CHILD June Julia May Burns

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Luther Burns	FULL MAIDEN NAME	Sarah E. Howry
RESIDENCE	R.D. #2, Meridian	RESIDENCE	R.D. #2, Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 5 30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Registrar

Filed 11/10 1919 L. P. Pfennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dec. 6, 1940 L. B.

Form V. S. No. 27B—5[illegible]

74238

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Boise
~~Street and House~~ No. St. Lukes
County Ada

Registered Number

Registration District No.

Sex of Child female

Date of Birth, October 29th 1919
(Month) (Day) (Year)

Full Name Father Luther Burns

Full Maiden Name Mother Sarah E. Howry

I HEREBY CERTIFY that the child described herein has been named:

Julia May Burns
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

653-225-001-448

PLACE OF BIRTH

County of Cedar

City of Bauer

No. 1014 - N. 25 St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **74239**

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 532

Full Name of Child

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes.	10 22 1918

FATHER

FULL NAME: Edwin Welch.

RESIDENCE: 15-14-N-25 St.

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Utah.

OCCUPATION: Laborer.

MOTHER

FULL MAIDEN NAME: Mary Mush.

RESIDENCE: 15-14-N-25

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Wyo.

OCCUPATION: Bauer wife.

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or ~~stillborn~~), at 11 30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill. M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 11/10 1919 L. P. Plummer

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1970

384-123-001-596

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74240

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. _____

Registered No. 533

Full Name of Child John Irwin Church

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes.	10 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Edmund Church	FULL MAIDEN NAME	Virginia Elma Irwin
RESIDENCE	914 Warm Spgs Ave	RESIDENCE	914 Warm Spgs.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho City.	BIRTHPLACE	Idaho.
OCCUPATION	Stock raiser	OCCUPATION	House wife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 6 1/2 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed 11/10 1919 L. P. Rusman

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 74240

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Church	John Irwin Church

Subscribed and sworn to before me this 25th
day of February, 19 42
Marion E. Orr
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed Evangeline Church (Mrs.)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
200 E. Idaho St., Boise
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of February, 19 42
Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(SEAL)

Signed Frank H. Church
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
905 Franklin Boise Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 25 1942

753-206-001-314

Form V. S. No. 11-O—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74241

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 534

Hospital St. Alphonsus

FULL NAME OF CHILD Lola Belle Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray C. Peterson	FULL MAIDEN NAME	Grace Campbell
RESIDENCE	510 N. 12 Boise Ida	RESIDENCE	510 N. 12 Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska ~~Housewife~~
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 6th 1919 at 8:15 a.m. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Ida

19

Filed 11/10 1919 L. P. Pfeiman

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JUN 10 1968 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74241

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Peterson (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on November 6, 1919 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lola Belle Peterson

Subscribed and sworn to before me this 10 day of June, 1968

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Mrs. Grace Peterson Pearson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

821 East State St. Boise, Idaho.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 6-3-68. one copy pd.

Family Bible Record lists name of Lola Belle Peterson born Nov. 6, 1919 in Boise, Idaho. Father - Ray C. Peterson Mother - Grace Campbell. Viewed by V. S.

JUN 10 1968

Own childs birth certificate on File wthi state of Idaholists name of mother as Lola Belle Peterson. Child born Sept. 6, 1946, state file #426141. Viewed by V.S.

236-122-001-719

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74242

County of ADA

City of BOISE

No. ..... St.

Hospital .....

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 535

Full Name of Child Frank Kloepfer

SEX OF CHILD Male	Twin Triplet or other? 1 and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 11 (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank P. Kloepfer	FULL MAIDEN NAME	Rebekah May Parlington
RESIDENCE	2515 Idaho	RESIDENCE	2515 Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S Goodfriend

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Eagle Bldg

Filed 11-19 1919 L P Fermon

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 8 1976

Amended 2-19-58

PLACE OF BIRTH

499-115-001-736

County of Ada

City of Boise

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 74243

Primary Registration District No. 1004 Registered No. 356

FULL NAME OF CHILD Cornelious Gardner Driscoll
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 15, [redacted] 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: John C. Driscoll	FULL MAIDEN NAME: Frances Glover
RESIDENCE: Jordan Valley, Oregon	RESIDENCE: Jordan Valley, Oregon
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Jordan Valley, Oregon	BIRTHPLACE: Jordan Valley, Oregon
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla, M. D.

(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 192....

Registrar.

Filed 11-20-19[redacted] L. P. Pferman

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Cornelious Gardner Driscoll (Name on Original Certificate) who born (Was Born or Died) on Oct. 27, 1919 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Oct. 30, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	October 27, 1919	October 15, 1919

Bible Record - viewed by vital stat

Subscribed and sworn to before me this 14 day of February 1958.

Harold L. Hurlbert
Notary Public, residing at Eagle
My commission expires Sept. 28, 1960
(Seal)

Signed Frances Driscoll
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of February 1958.

Harold L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1960
(Seal)

Signed John C. Driscoll
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of BOISE

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

File No. 74243

Primary Registration District No. 1004

Registered No. 756

FULL NAME OF CHILD Cornelius Gardner Gardner Driscoll

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	+		—	yes	Oct 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. C. Driscoll	FULL MAIDEN NAME	Frances Glover
RESIDENCE	Jordan Valley Oregon	RESIDENCE	Jordan Valley Oregon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Jordan Valley, Oregon	BIRTHPLACE	Jordan Valley, Oregon
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.9 M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla, MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 11-20 1919 L. P. Firman

Registrar

Registrar

FEB 2 ^ 1958

362-228-001-5-93

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-Q-25m-9-8-37

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74244

County of Ada

City of Boise

Registration District No. 2

File No.

No. ..... St.

Primary Registration District No. 1004

Registered No. 537

Hospital St. Alphonsus

FULL NAME OF CHILD Betty Lee ~~[illegible]~~ COSBY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Oct. 28 1919

FATHER		MOTHER	
FULL NAME	Wilber F. ~~[illegible]~~ COSBY	FULL MAIDEN NAME	Hazel M. Nicholson
RESIDENCE	812 Eastman	RESIDENCE	812 Eastman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address 303 McCarty Bldg.

..... 19.....

Filed 11-19 1919 [signature]

Registrar

Registrar

Form 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 74244

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Betty Lee Crosby (Name on Original Certificate) who Born (Was Born or Died) on 10-28-1919 (Date of Event)
in Boise Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Betty Lee Crosby	Betty Lee Cosby

Subscribed and sworn to before me this 29 day of June, 1942

Notary Public, residing at Boise

My commission expires April 1st-1944
(Seal)

Signed W. T. Cosby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

612-S-14th
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 6 1009

495-228-001-231

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74245

County of Ada

City of Boise

No. 2302 N. 14 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 538

FULL NAME OF CHILD Dorothy Margarette Duvens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	Oct 28 1919

FATHER		MOTHER	
FULL NAME	Vernon L. Duvens	FULL MAIDEN NAME	Jessie Mabel Blair
RESIDENCE	2302 North 14th	RESIDENCE	2302 North 14th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address 303 McCarty Bldg

19

Filed 11-14 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-104-001-699

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74246

County of Ada

City of Boise

No. _____ St.

Hospital St. Lukes.

Registration District No. 2 File No. _____

Primary Registration District No. 1004 Registered No. 539

Full Name of Child Lawrence Robert Fulker

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	DATE OF BIRTH Nov. (Month) 7 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME ~~Harold~~ Hibbard J. Fulker	FULL MAIDEN NAME Lucile Friedly
RESIDENCE 2108 N. 9.	RESIDENCE 2108 N. 9.
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Kans	BIRTHPLACE Kans.
OCCUPATION Telegraph Opr R. R.	OCCUPATION House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 1:30 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Earl Hill
B. N.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Registrar

Filed 11-24 1919 L. P. Ryman
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

245-205-001-464

Form V. S. No. 11-G—2Im-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1805 N-11th St.

Hospital

Registration District No. 2

File No. 74247

Primary Registration District No. 1004

Registered No. 540

FULL NAME OF CHILD Bunnell, Betty Marie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	3	Yes	Nov. 5 1919

FATHER		MOTHER	
FULL NAME	Bunnell, Leslie Lamond	FULL MAIDEN NAME	Dodds, Levina
RESIDENCE	1805 N-11th Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Provo. Utah	BIRTHPLACE	Preston Ida
OCCUPATION	Vulcanizer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Genoway

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Registrar

Address

Filed 11 9 1919 L. R. Forman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-1/80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 23 10 26 AM '80

State of _____ } ss.
County of _____

Certificate No. 74247
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Betty Marie Burnell (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11/5/19 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Betty Marie Burnell	Betty Marie Bunnell
Father's name	Leslie Lamond Burnell	Leslie Lamond Bunnell

Subscribed and sworn to before me this 22nd day of April, 1980.

Notary Public, Florence Curtright

Residing at Boise

My commission expires Lifetime

(Seal)

x Betty England
Signature of Applicant

x Dogwood Lane Rt 3
Kenai, Alaska 99611
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

APR 23 1980

APR 16 1996

Certificate of Record of Membership gives name as Betty Marie Bunnell, England daughter of Leslie Lamond Bunnell, Jr. and Anna Lavina Dobbs. Child born November 5, 1919 and Baptized Januayr 1, 1928.
Viewed by V.S.

Certificate of Baptism and Confirmation of child shows mother's name as Betty Marie Bunnell. Child born August 1942, at Los Angeles, California. Child Baptized January 31, 1951 in L.D.S.Church.
Viewed by V.S.

899-205-001-196

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of a.

City of Boise

No. 401 Bannock St.

Hospital

Registration District No. 2

File No. 74248

Primary Registration District No. 1002

Registered No. 541

FULL NAME OF CHILD Conchita Yaibar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	11 (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Yribar	FULL MAIDEN NAME	Eugenia Arostegui Yribar
RESIDENCE	401 Bannock	RESIDENCE	401 Bannock
COLOR	White ~~Medium~~	COLOR	~~Dark~~ White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Nothing

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 11/20 1919 L. P. Pinman Registrar

4-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 27 1948

DECEASED

318-[illegible]7-001-249

Form V.S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Adam

City of Boise

No. 1718 N 9th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 74249

Registered No. 542

FULL NAME OF CHILD Marjory Louise Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	Nov 7 1919

FATHER		MOTHER	
FULL NAME	Loyd Westly Taylor	FULL MAIDEN NAME	Alice Lyda Burkhart
RESIDENCE	1718 North 9th	RESIDENCE	1718 North 9th
COLOR	Utah. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	White - AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Clerk	BIRTHPLACE	Colo -
OCCUPATION	~~[illegible]~~ -	OCCUPATION	H. W -

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address 303 McCarty Bldg

Filed 11-18 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 74249

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Taylor (Name on Original Certificate) who born (Was Born or Died) on Nov. 7, 1919 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Marjory Louise Taylor

Subscribed and sworn to before me this 19th day of June, 1942

Marion E. Ord

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45

(Seal)

Signed Loyd Wesley Taylor

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 20 1942

396-108-001-696

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 14250

Primary Registration District No. 1004

Registered No. 543

Full Name of Child Donald Orford Cronemiller

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 11 (Month) 8 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Lynn Foster Cronemiller	FULL MAIDEN NAME Christine Orford
RESIDENCE Vincent	RESIDENCE Vincent Ore
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Baker Ore	BIRTHPLACE England
OCCUPATION Head Scaler Barber Co.	OCCUPATION House wife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 11-24 1919 L P Grimm

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 16, 1941. E.W.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents in money order or coin.

RECEIVED

JAN 13 1941

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County ADA (b) City BOISE
   (c) Street Address or R.F.D. No. 1304 HARRISON BLVD
   (d) Name of Hospital or Maternity Home: ST ALPHONSUS HOSPITAL
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home — days.
   In **THIS** county — years ONE month — days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State OREGON (b) County WALLOWA
   (c) City VINCENT
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.
   (f) Mother's mailing address 1304 HARRISON BLVD

3. **RESIDENCE of FATHER** (city, state): VINCENT, ORE.

4. **FULL NAME OF CHILD** DONALD ORFORD CRONEMILLER

5. Date of Birth (Month, day, year) NOV. 8, 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LYNN FOSTER CRONEMILLER
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace BAKER (City or town) OREGON (State or foreign country)
14. Exact Occupation SCALER
15. Industry or Business LOGGING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CHRISTINE ORFORD
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace SOLIHULL (City or town) , ENGLAND (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

~~22. Home prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at ____ on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 13 1941 (Date received) (b) (Registrar's signature)

27. Given name added on ____ by (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of OREGON
County of MARION } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, CHRISTINE CRONEMILLER, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) DONALD ORFORD CRONEMILLER (Name of person on certificate above) AS MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR WILLIAM F SMITH (Name of attendant at birth) who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Christine Cronemiller Signature

1760 S. WINTER ST. SALEM, OREGON. P. O. Address

Subscribed and sworn to before me on this 11 day of January, 1941

(SEAL)

Notary Public, residing at Salem, Ore.

NOTARY PUBLIC FOR OREGON

My Commission expires Mar. 29, 1941

NOTARY PUBLIC FOR OREGON

DEC 19 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-109-001-238

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2106 Brumback

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 74251

Registered No. 545

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Nov (Month) 9 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A J Sperling	FULL MAIDEN NAME	Edith Schrunk
RESIDENCE	2106 Brumback	RESIDENCE	2106 Brumback
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Warehouse	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Clevens

M. D.
(Physician or midwife)

Address Boise - Idaho

Given names added from a supplemental report.

19

Registrar

Filed 11-19 1919 L C Firman
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-109-001-819

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74252

County of Ada

City of Boise — Registration District No. 2 — File No.

No. 410 South 4 St. — Primary Registration District No. 1004 — Registered No. 547

Hospital

FULL NAME OF CHILD Donald James Robert Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	Nov 9 1919

FATHER		MOTHER	
FULL NAME	Roy M. Smith	FULL MAIDEN NAME	Etta M Harrell
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 P. M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Novak

(Physician or midwife)

Address 303 McCarty Bldg

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 11-18-19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1945

FORM No. 61—AFFIDAVIT—GENERAL. STEVENS-NESS LAW PUB. CO., PORTLAND

STATE OF OREGON,
County of Deschutes } *ss.*

I, Edith E. Sutton, *being first duly sworn, depose and say that* I am a Citizen of the United States and over the age of 21 years.

ThatI am a sister of Etta Mae Smith,mother of Donald James Robert Smith who was born at Boise, Idaho, on November 9,1919.

That due to an error the name Donald was omitted from the Birth Certificate and the records and they show only James Robert Smith.

That this affidavit is for the putpose of correcting this record to show the name to be "Donald James Robert Smith" That he has always been known as Donald by everyone and it is the name he has always used. That this affidavit is made because I am aware that the statements are of my own knowledge and true and correct.

Edith E. Sutton

Subscribed and sworn to before me this 20th *day of* January 19 45

G. A. Davis
Notary Public for Oregon.

My Commission Expires January 9,1949

AFFIDAVIT OF

.....

.....

.....

02820 STEVENS-NESS LAW PUB. CO., PORTLAND

693-211-001-691

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74253

County of Ada

City of Boise

~~No.~~ 14th & Bella St3

Hospital —

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 547

FULL NAME OF CHILD Margaret Janiece Wilkerson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) 11 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	L. M. Wilkerson	FULL MAIDEN NAME	Zoa May Francis
RESIDENCE	14th & Bella Sts., Boise	RESIDENCE	14th & Bella Sts., Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.25 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Taylor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed 11-19 1919 L. C. Forman
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

793-213-001-793

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Ada

City of Boise

No. Box 54 Boise St.

Hospital St Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 74254

Primary Registration District No. 1004 Registered No. 548

FULL NAME OF CHILD Bernace La Moyne Gillett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Nov. 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy A Gillett	FULL MAIDEN NAME	Caroline Gillette
RESIDENCE	Boise Ida Bx 54	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 14 1919, at 2 P. M. on the date above stated. (Born alive [illegible])

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Ida

19

Filed 11-19 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1961

OCT 0 2 2007

315-214-001-469

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74255

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. .....

Registered No. 549

FULL NAME OF CHILD Winnifred Cannon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clawson G. Cannon	FULL MAIDEN NAME	Winnifred Morrell
RESIDENCE	Boise, Ida P.O.B. 1374	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 14 1919 at 12:30 a.m. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 11-19 1919

L. A. Jerman
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-114-001-381

Form V. S. No. 11-C—[illegible]-17

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74256

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 550

FULL NAME OF CHILD William Warren Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren C. Taylor	FULL MAIDEN NAME	Mary A. Charters
RESIDENCE	Lomen Idaho	RESIDENCE	Lomen Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Forrest ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 14 19 at 7:30 P.M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Newberg

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 13 ... Idaho

Filed 11-17 1919 L. P. Pfirman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/24/41 L. B.

OCT 29 1984

814-114-001-133

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74257

County of Ada

City of Boise

No. —— St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 551

FULL NAME OF CHILD Edwin Newell Hamill

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) - 14 (Day) - 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edwin S. Hamill	FULL MAIDEN NAME	Emma M. Allen
RESIDENCE	Riverside Sta., Boise	RESIDENCE	Riverside Sta., Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 11 05 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed 11-17 1919 L P Pferman
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1967

415-215-001-533

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Alphonsus

Registration District No. 2 File No. 74258

Primary Registration District No. 1004 Registered No. 552

FULL NAME OF CHILD Thelma Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) - 15 (Day) - 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles R. Davis	FULL MAIDEN NAME	Bessie Lisle Ellis
RESIDENCE	Horseshoe Bend, Idaho	RESIDENCE	Horseshoe Bend, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Raucher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 3 45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho.

Filed 11-17 1919 L P Pfirman

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1959

864-216-001-563

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74259

County of Ada

City of Boise

Registration District No. 2

File No.

No. 1617 Washington

Primary Registration District No. 1004

Registered No. 553

Hospital

FULL NAME OF CHILD Dorothy Corinne Hough

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Nov 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer H. Hough	FULL MAIDEN NAME	Laura G. Nolan
RESIDENCE	1617 Washington	RESIDENCE	1617 Washington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ky
OCCUPATION	R. R. Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck
(Physician or midwife)

Given names added from a supplemental report.

Address Boise - Idaho

19

Filed 11-26 1919 [signature]
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 74259
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Dorothy Corinne Hough (Birth or death) for (Name on original certificate) who Born (Was born or died) on 16th, Nov. 1919 (Date of event) in Boise City, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Records of date and address (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Middle Name	Corine	Corinne
Date of birth	Nov. 15, 1919	Nov. 16, 1919

Subscribed and sworn to before me this 23rd day of September, 1941

Notary Public, residing at Long Beach, California

My commission expires May 28, 1945

[SEAL]

Signed Mrs. Laurence W. Hough Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of September, 1941

Notary Public, residing at Long Beach, California

My commission expires May 28, 1945

[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

200 Miet Ave., Long Beach, Calif
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

OCT 8 1941

2 0 1947

249-216-001-353

PLACE OF BIRTH

County of Ada

City of

No. 8 Mile St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 74260

Primary Registration District No. 1004 Registered No. 554

FULL NAME OF CHILD Mary Bertha Smith

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fml	✓	2	Yes	11-16-19

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Thos G Smith	FULL MAIDEN NAME Lillian Leedtman
RESIDENCE 8 Mile	RESIDENCE 8 Mile
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Colo	BIRTHPLACE Kans
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 29 M. on the date above stated.

(Signature) L Mooney

(Physician or midwife)

Address

Filed 11-17 19 19 L O Gorman

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74260

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on 11-16-1919 (Date of Event)
in Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	Mary Bertha Smith

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Thos. G. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Lillyan B. Smith
(Signature of Any Credible Person)

.....
(Street Address, City, State)

DPH 52.155

OCT 5 1973

APR 29 1955

229-116-001-736

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of ADA

City of BOISE

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 74261

Registered No. 555

FULL NAME OF CHILD Gardener William Skinner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Nov. 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos L. Skinner	FULL MAIDEN NAME	Violet Glover
RESIDENCE	Jordan Valley, Oregon	RESIDENCE	Jordan Valley, Oregon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Jordan Valley Oregon	BIRTHPLACE	Jordan Valley, Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 11.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise Idaho

Filed 11-20 1919

L P Finnan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-217-001-957

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74262

County of Ada

City of Boise

Registration District No. 2

File No.

No. St.

Registration District No. 1004

Registered No. 556

Hospital St Alphonsus

FULL NAME OF CHILD Mary Louise Dorsaz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Nov 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon E Dorsaz	FULL MAIDEN NAME	Maryan Real
RESIDENCE	1226 E Jefferson St.	RESIDENCE	1226 E Jefferson St
COLOR	White. AGE AT LAST BIRTHDAY (Years)	COLOR	White. AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Italy
OCCUPATION	Common Labor.	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 1.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A N Jacquemin M.D. D.O.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

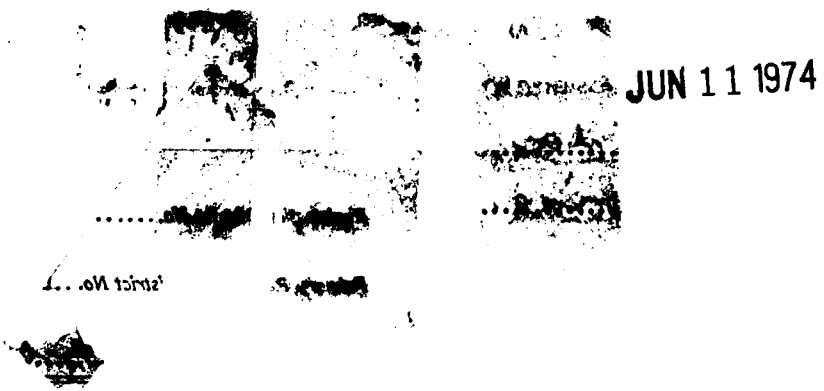
Address 9+10 Gem Bldg, Boise

Filed 11-18 1919 L P Firman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


JUN 1 1 1974

236-126-018-751

[redacted]

Form V. S. No. 11-C—25m-1-I-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

no card

CERTIFICATE OF BIRTH

74263

County of Clearwater

City of Elk River

Registration District No. 91

File No.

No. ____ St.

Primary Registration District No. 2168

Registered No.

Hospital Elk River

FULL NAME OF CHILD Elmer George Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 26 1917

FATHER

FULL NAME Elmer George Stone

RESIDENCE Elk River Ida.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Montana

OCCUPATION Machinist

MOTHER

FULL MAIDEN NAME Esther Pearson

RESIDENCE Elk River Ida.

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormack

Physician (Physician or midwife)

Given names added from a supplemental report.

Oct 26 1917

Address Elk River Ida

Filed Oct 26 1917 Ira M. VanDamgen Registrar

Ira M. VanDamgen Registrar

S-Y CO. 24485

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

419-117-018-419

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74264

County of Clearwater

City of Elk River

No. ..... St.

Hospital Elk River

Registration District No. 91

File No. .....

Primary Registration District No. 2168

Registered No. .....

FULL NAME OF CHILD Infant Martinson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Sept 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Martinson	FULL MAIDEN NAME	Petra Martinson
RESIDENCE	Elk River, Ida	RESIDENCE	Elk River Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Headlumber grader P.L.Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 50 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles A. Robins M.D.

(Physician or midwife)

Given names added from a supplemental report.

Nov 1 1919

Ira M. Van Inwegen
Registrar

Address Elk River Ida.

Filed Nov 1st 1919

Ira M. Van Inwegen
Registrar

8-7 CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE O
BUREAU OF VI

DEPTROS

236-130-018-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Clearwater

City of Elk River

No. ..... St.

Hospital .....

AMENDED CERTIFICATE OF BIRTH

August 6, 1946

Registration District No. 91 File No. 74265

Primary Registration District No. 2168 Registered No. .....

FULL NAME OF CHILD Andrew Howard Bloom
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	one	and	Yes	Aug. 30 (Month) (Day) 1919 (Year)

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Andrew Bloom	FULL MAIDEN NAME: Hulda Emelia F. Sandberg
RESIDENCE: Elk River, Ida.	RESIDENCE: Elk River, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 52 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Chicago, Illinois
OCCUPATION: Gen. Manager, P. Lt. Co.	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert R. Walton, M. D.

(Physician or midwife)

Address .....

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed Aug 1919

Robert R. Walton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 74265

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)
for Andrew Sandberg Bloom (Name on Original Certificate) who was born (Was Born or Died) on August 30, 1919, (Date of Event)
in Elk River, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother's statement (Bible Record, Insurance Policy, Etc.) prepared on July 10, 1946 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Andrew Sandberg Bloom	Andrew Howard Bloom

Subscribed and sworn to before me this 10th day of July, 1946
E. L. Creighton
Notary Public, residing at Spokane Co. Wash.
My commission expires Apr 27-1948
(Seal)

Signed Hulda E. F. Sandberg Bloom
(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting~~ a death record; or other credible person.)
W 114 - 28th Av Spokane (9) Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 26 day of July, 1946
C. L. Baker
Notary Public, residing at Lynwood, Calif.
My commission expires Aug. 18th 1946
(Seal)

Signed Robt R Walton M.D.
(Signature of Any Credible Person)
11615 Long Beach Blvd.
(Street Address, City, State)
Lynwood, California

APR 1 9 1973

AUG 9 1973

AUG 9 1973

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74265

Registration District No. 91 File No. _____

Primary Registration District No. 216 Registered No. _____

FULL NAME OF CHILD Andrew Sandberg Bloom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	—	Yes	Aug. 30 1913

FATHER

FULL NAME	Andrew Bloom
RESIDENCE	Elk River Ida
COLOR	white
AGE AT LAST BIRTHDAY	52 (Years)
BIRTHPLACE	Sweden
OCCUPATION	Gen Manager P. Lb. Co.

MOTHER

FULL MAIDEN NAME	Hulda Emelia Jensina Sandberg
RESIDENCE	Elk River Ida
COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Chicago Ill.
OCCUPATION	Home Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robt K Walton M. D.
(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed _____ 19____ Robt K Walton Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 5/23/73

069-230-018-289

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74266
Local Reg. No.
Reg. Dist. No. 91

1. PLACE OF BIRTH

a. COUNTY: Clearwater

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Elk River

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Elk River

d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)

a. (First): Katheryn

b. (Middle): Jean

c. (Last): Morris

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 30, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Robert

b. (Middle): Harrison

c. (Last): Morris

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Iowa

10. USUAL OCCUPATION: Hardware Merchant

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lola

b. (Middle):

c. (Last): Briggs

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Indiana

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. P. McCormick

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Elk River, Ida.

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Dec. 2, 1919

22. REGISTRAR'S SIGNATURE: I. M. Van Invegen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 9PM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 23 12 48 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 74266

County of Monterey Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Jean Catherine Morris (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1919 (Date of Event)

in Elk River, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Jean Catherine Morris	Katheryn Jean Morris
Father's name	Robert Harry Morris	Robert Harrison Morris

F. Janice Enkosky

Subscribed and sworn to before me this 21st day of March, 1973

Notary Public, residing at P. O. Box 179, Pacific Grove, Ca

My commission expires

(Seal)

Signed Robert Harrison Morris

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

416 Grand, Pacific Grove, Ca 93950

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Monterey

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 1973

F. Janice Enkosky

Notary Public, residing at P.O. Box 179, Pacific Grove, Ca

My commission expires

(Seal)

Signed Chris MacKarcher

(Signature of Any Credible Person)

[illegible] Ransford Ave

(Street Address, City, State)

Pacific Grove, Calif. 93950

FORM DH 60-155

CL 3/9/73 nm

Family record gives father's name as Robert Harrison Morris named after Benjamin Harrison (U.S. President). Gives daughter's name as Katheryn Jean Morris. Married to Clayton M. Freeman. Viewed by V. S.

Social Security Act (554-22-4965) gives name as Katheryn Jean Morris. dated 10-4-40. Viewed by V. S.

Marriage License from California gives name of groom as Clayton Miles Freeman and the bride's name as Katheryn Jean Morris. Dated Nov. 30, 1940. Viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clear Water

City of Elk River

Registration District No. 91

File No. 74266

No. _____ St.

Primary Registration District No. 2168

Registered No. _____

Hospital _____

FULL NAME OF CHILD Jean Catherine Morris

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	2nd	Yes	Nov (Month) 30 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Harry Morris	FULL MAIDEN NAME	Lola Briggs
RESIDENCE	Elk River Ida	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Hardware Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick

Phys (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Elk River Ida

I. M. Van Inwegen Registrar

Filed Dec. 2 1919 I. M. Van Inwegen Registrar

S-Y CO. 24655

JAN 18 1973
JUN 1 1973

419-216-038-713

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74267
Local Reg. No. 123
Reg. Dist. No. 25

1. PLACE OF BIRTH
a. COUNTY: Power
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: American Falls
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY:
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hansen
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Klyda
b. (Middle): Louise
c. (Last): Marron

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) November (Day) 16, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Bernard
b. (Middle): J.
c. (Last): Marron

8. AGE (At time of this birth) YEARS:

9. BIRTHPLACE (State or foreign country) (City or Town): Mass.

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Glenna
b. (Middle):
c. (Last): Palmer

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kansas

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Richard F. Noth

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: American Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec 1, 1919

22. REGISTRAR'S SIGNATURE: R. F. Noth

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

K Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the strict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

JUN 5 1968

213-213-029-356

PLACE OF BIRTH

name added 10-

[redacted] OF IDAHO
[redacted] VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 74268

County of Power

City of American Falls

Registration District No. 25

File No. 3

No. ..... St.

Primary Registration District No. 2072

Registered No. 122

Hospital Bethany

FULL NAME OF CHILD Ethel Marie Batterton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.		Yes	Nov 13 1919

FATHER		MOTHER	
FULL NAME	Floyd Batterton	FULL MAIDEN NAME	Susie Florence Lewis
RESIDENCE	American Falls, Id.	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Dayton, Wash.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address American Falls Idaho

Filed 12-10-1919 R. F. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-22-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 30 9 39 AM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Power } ss.

Certificate No. 74268
Date Filed September 28, 1981

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Batterton (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-13-19 (Date of Event)
in American Falls (Power) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ethel Marie Batterton

Subscribed and sworn to before me this 28th day of September, 1981
Notary Public, Arlene Aguirre
Residing at American Falls, Idaho 83211
My commission expires December 1, 1982
(Seal)

Ethel Marie Sorensen
Signature of Applicant
425 Oregon Trail - Am. Falls Ida. 83211
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Power } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of September, 1981
Notary Public, Arlene Aguirre
Residing at American Falls, Idaho
My commission expires December 1, 1982
(Seal)

lcc pd

Florence H. McDonald
Supporting Signature
309 Harrison Ave. #7.
Street Address, City, State
American Falls, Id. 83211

OCT 2 1981

Cert of Birth from State of Idaho gives Susan Renee Sorensen born 1-17-59 in Burley to Leo J Sorensen and ETHEL MARIE BATTERTON. STATE FILE # 59-655. Viewed by V.S.

Marriage Cert from State of Idaho County of Jerome gives Leo J Sorensen and Ethel Marie Batterton married at Cassia County on 8-7-40. Viewed by V.S.

133-111-039-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74269

County of Power

City of American Falls — Registration District No. 23 — File No. 3

No. ..... St. — Primary Registration District No. 2072 — Registered No. 121

Hospital .....

FULL NAME OF CHILD John Roland Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 11 1917

	FATHER	MOTHER
FULL NAME	John Wilton Allen	FULL MAIDEN NAME Grace E. McKown
RESIDENCE	American Falls	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Kansas Idaho	BIRTHPLACE Rockland Kas
OCCUPATION	Manager of store	OCCUPATION Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard R Noth

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 12-10-1917 R F Noth Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR ... ING

K

634-204-014-556

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

[redacted]AHO
BUR[redacted]STATISTICS

74270

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. R No 6 St.

Primary Registration District No. 2005 Registered No. 269

Hospital Home

FULL NAME OF CHILD Sylva Elisabeth Olufsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Christian O Olufsen	FULL MAIDEN NAME	Grace Newbold
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Denmark	BIRTHPLACE	Downey Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address W Ida Ida

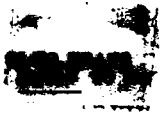
Registrar

Filed 12-10- 1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



816-130-014-257

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. R No 6 St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74271

Registration District No. 3 File No.

Primary Registration District No. 2006 Registered No. 268

FULL NAME OF CHILD Vern Haworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 30 1919

FATHER		MOTHER	
FULL NAME	William P Haworth	FULL MAIDEN NAME	Olive Segen
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kansas	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch

M. D.
(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Wilder Ida

Filed 12-10- 1919 John H. Meyers
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1942

SEP 12 1962

319-209-014-869

[redacted]

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74272

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 267

FULL NAME OF CHILD MARY ALYCE CARSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac G Carson	FULL MAIDEN NAME	Jennie Horning
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Creamery-man	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. G. Young

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 12-10-1919 John S. Meyer

Registrar

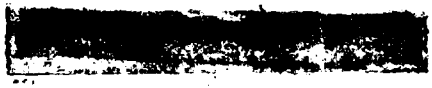
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 74272

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Carson (Name on Original Certificate) who born (Was Born or Died) on Dec. 9, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mary Alyce Carson

Subscribed and sworn to before me this 15 day of August, 1961

Jean M Remington

Notary Public, residing at Nampa, Idaho

My commission expires 7-10-62

(Seal)

Signed Frances E Coyle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of August, 1961

Jean M Remington

Notary Public, residing at Nampa, Idaho

My commission expires 9-10-62

(Seal)

Signed Frances E Coyle
(Signature of Any Credible Person)

242 Caldwell Blvd Nampa Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-21-60. one copy pd. receipt #04933.

Marriage License gives name of bride as Mary Alyce Carson and Groom Mark Van Dyer Married Feb. 11, 1938. State of Idaho, County of Canyon, Ernest W. Stuchbery, Baptist Minister.
Viewed by V. S.

APR 4 1966

Birth certificate of child, Jay Marcus Dyer gives mothers name as Mary Alyce Carson Child Born Nov. 12, 1948. Certificate # 48-13327
Viewed by V. S.

396-108-014-369

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74273

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 266

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dewey C Crook	FULL MAIDEN NAME	Irene Torrance
RESIDENCE	Caldwell, Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 6 45 A, at 6 45 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C M Kaley

V.M.T. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 12-10-1919 John S. Meyer Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-208-004-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-17

PLACE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74274

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 265

FULL NAME OF CHILD Ruth Maxine Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clyde Diehl Lewis	Nola Butts
RESIDENCE	Notus Ida.	Notus Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Utah	Kansas
OCCUPATION	Carpenter	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. C. M. Baker

V. M. J.

(Physician or midwife)

Address Caldwell Idaho

Filed 12-10 19 [illegible] Registrar

Own child's birth certificate, child born February 2, 1945, gives name as Ruth Maxine Lewis. Viewed by V.S. Marriage license, dated July 11, 1942, gives name as Ruth Maxine Lewis. Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 74274

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Lewis (Name on Original Certificate) who was born (Was Born or Died) on December 8, 1919 (Date of Event) in Notus, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed Lewis	Ruth Maxine Lewis

Subscribed and sworn to before me this 4th day of October, 1961.

Robert L Alexanderson
Notary Public, residing at Caldwell Idaho
My commission expires May 30, 1962
(Seal)

Signed x Clyde D Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 501 Notus Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of October, 1961.

Robert L Alexanderson
Notary Public, residing at Caldwell, Idaho
My commission expires May 30, 1962
(Seal)

Signed Nola R Lewis
(Signature of Any Credible Person)

Box 501 Notus, Idaho
(Street Address, City, State)

FORM DPH 55.155

Copy paid - # 19483 1-20-60

OCT 6 1961

841-206-014-928

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74275

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 264

FULL NAME OF CHILD Mary Elizabeth Quast

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry Quast	FULL MAIDEN NAME	Helen Isham
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C M Kaley

V M J
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 12-10-1919 John S. Meyer
Registrar

Registrar

MARSH RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-208-014-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74276

County of Canyon

City of Caldwell Id R. 4

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 263

Hospital

FULL NAME OF CHILD Pearl Elizabeth Taylor

Sex of Child F.

Twin Triplet or other? S. and Number in order of birth 5
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth 12-8-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas ~~H~~ S. Taylor	FULL MAIDEN NAME	Eula Gray
RESIDENCE	Caldwell Id R4	RESIDENCE	Caldwell Id R4
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Newport Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10/P 20' M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee

MD (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Id

19

Filed 12-9-1919 John P. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

397-201-014-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74277

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. ..... St.

Primary Registration District No. 2005

Registered No. 262

Hospital

FULL NAME OF CHILD Luella Tipton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	S.	9	Yes	12-1-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Tipton	FULL MAIDEN NAME	Erma Matson
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Casey Ill	BIRTHPLACE	Springville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gue

Caldwell Id (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address (12)

Filed 12-2-1915

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 74277

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	none given	Luella Tipton

Subscribed and sworn to before me this 23
day of Feb., 1943

Pauline Ambrose

Notary Public, residing at Bonners Ferry

My commission expires 1/14/47
(SEAL)

Signed Erma Tipton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 23 1943

356-101-014-249

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital X

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 74278

Primary Registration District No. 1005 Registered No. 261

FULL NAME OF CHILD FRED SHERMAN CROWLEY

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	12 - 1 - 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eugene D. Crowley	FULL MAIDEN NAME	Marie Alice Burger
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. M. Kaley

Caldwell Ida (Physician or midwife) per. M.H.

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-5-1919 John P. Meyers Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 7278

State of Idaho }
County of Ada } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Crowley (Name on Original Certificate) who was born (Was Born or Died) on December 1, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Fred Sherman Crowley

Subscribed and sworn to before me this 16th
day of March, 1942.

Notary Public, residing at Boise, Idaho
My commission expires January 15, 1946
(Seal)

Signed Marie A. Crowley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 635, Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of March, 1942.

Notary Public, residing at Boise, Idaho
My commission expires January 15, 1946
(Seal)

Signed Eugene D. Crowley
(Signature of Any Credible Person Other Than Previous Year)

Box, 635, Caldwell, Idaho
(Street Address, City, State)

JUN 23 1952
SEP 28 1967

433-228-014-419

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 74279

Primary Registration District No. 2005 Registered No. 260

FULL NAME OF CHILD Louellen McCollough

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2	Yes	Nov 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Iris McCollough	FULL MAIDEN NAME	Bessie Blanche Martin
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 05 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. M. Kaley

by V.M.J. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Idaho

Filed 11-30- 1919 John S. Meyer Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-228-014-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74280

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 259

FULL NAME OF CHILD Marcia Mary McCollough

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.	Born	1	Yes	Nov 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orin McCollough	Bessie Blanche Martin
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	31
BIRTHPLACE	Indiana	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C M Haley
by V. M. J.
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-30- 19 19 John S. Meyer
Registrar

JAN 20 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74281

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 793-227-014-391 St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No.

Registered No. 258

FULL NAME OF CHILD FLORINE LaVELLE GILBERT

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Vivian C. Gilbert	FULL MAIDEN NAME	Florence Maybelle Crawford
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Kansas
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley by V. M. T. (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Filed 11-30- 1919 John S. Meyer Registrar

Registrar

[redacted]

AUG 4 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74282

County of Canyon

City of Caldwell

692-223-014-255

No. ..... St.

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 257

Hospital .....

FULL NAME OF CHILD Alice Marie Fish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ray Fish	FULL MAIDEN NAME	Hazel Tennell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3.50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley

by V. M. T.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 11-30-1919 John L. Meyer
Registrar

[redacted]

DEC [illegible] 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

917-231-014-892

PLACE OF BIRTH

County of Canyon

City of Greenleaf

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74283

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 256

FULL NAME OF CHILD Luanna Eileene Ragsdale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 21 1919

FATHER		MOTHER	
FULL NAME	J R Ragsdale	FULL MAIDEN NAME	Ruth Hibbs
RESIDENCE	Greenleaf	RESIDENCE	Greenleaf
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive ~~Hoo~~ (Born alive or stillborn), at 10.05 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

by V. M. T. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed 11-30- 1919 John T. Meyer Registrar

..... Registrar

APR 2 9 1947

JUN 1 6 1976

394-121-014-394

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74284

County of Canyon

City of Caldwell

No. Rur. 6 St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No.

Registered No. 255

FULL NAME OF CHILD Burtt Berry Trueblood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 21 1919

FATHER

FULL NAME: Cecil R. Trueblood

RESIDENCE: Central Cove.

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Linn Haut Ind

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Elsie Berry Trueblood

RESIDENCE: Central Cove.

COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Edwards Port Ind

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2d

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Dora A. Heymouth D. O.
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 12-4-1919 John L. Meyer
Registrar

S-Y CO. 20174

MAR 1 4 1952

791-121-014-698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. 74285

Primary Registration District No. 2005

Registered No. 254

FULL NAME OF CHILD Gerald Wesley Graves

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 21, 1917

FATHER		MOTHER	
FULL NAME	John Graves	FULL MAIDEN NAME	Winifred Wise
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 4:05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. G. Young

Wm J

(Physician or midwife)

Address Caldwell Idaho

Filed 11-21-1917

Registrar

396-219-014-789

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74286

County of Canyon

City of Middleton Registration District No. 3 File No.

No. St. Primary Registration District No. 2005 Registered No. 253

Hospital

FULL NAME OF CHILD Marguerite Crockett

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl	S	5	Yes	11/19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter S Crockett	FULL MAIDEN NAME	Apearist L. Phillips
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Delta Colo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Id

19

Filed 11-21- 1919 John S. Inspy

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1976

719-119-014-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 74287

Primary Registration District No. 1005 — Registered No. 252

FULL NAME OF CHILD Kenneth Clifford Gainey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 19, 1919

FATHER		MOTHER	
FULL NAME	Wm. H. Gainey	FULL MAIDEN NAME	Ruby Jay Stansberry
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9.30A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. O. M. Kaley

(Physician or midwife)

Address Caldwell, Idaho

Filed 11-21-1919 John V. Meyer

Registrar

165-118-014-239

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

74288

Registration District No. 3 File No. .....

Primary Registration District No. 2015 Registered No. 251

FULL NAME OF CHILD Robert Alden Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 18 1919

FATHER		MOTHER	
FULL NAME	Wm L Jones	FULL MAIDEN NAME	Ruth Stilwell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2-15-19 M. on the date above stated.

(Signature) Dr F M Cole

(Physician or midwife)

Address Caldwell Ida

Filed 11-21-1919 John S. Jones Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/20/41 [illegible]

439-216-014-433

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Rur. 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74290

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 249

FULL NAME OF CHILD Goldie May McIntyre

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Nov 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James F McIntyre	FULL MAIDEN NAME	Mabel McLean
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	North Carolina	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3.45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C M Kaley

V M T
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Ida

19

Filed 11-21-1919 John J. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 74290

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on Nov. 16, 1919 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Unnamed	Unnamed	Goldie May McIntyre

Subscribed and sworn to before me this 13
day of Dec., 1943
Pauline Ambrose
Notary Public, residing at Boise
My commission expires 7/14/47
(Seal)

Signed Rose L. McIntyre
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

DEC 13 1943

689-115-014-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74291

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 248

FULL NAME OF CHILD Clinton Gregory White

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	G Corfield White	FULL MAIDEN NAME	Ester Gregory
RESIDENCE	Caldwell, Ida	RESIDENCE	Caldwell, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Hailey, Ida	BIRTHPLACE	Emmett, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending midwife then the father, [illegible] make this return. A still[illegible] neither breathes nor shows [illegible] after birth.

Given names added from a sup[illegible]

(Signature) Dr J A Young

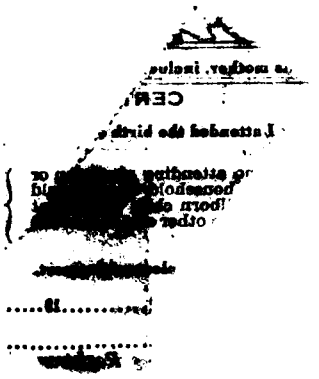
S/MT (Physician or midwife)

Address Caldwell, Ida

Filed 11-21-1919 John S. Meyers Registrar

JUL

MAR 2 6 1974



665-114-014-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74292

County of Canyon

City of Middleton

No. R. F. D. St.

Registration District No. 3

File No.

Primary Registration District No. 2005

Registered No. 247

Hospital

FULL NAME OF CHILD Roger Leon Owen

Sex of Child boy

Twin Triplet or other? S and Number in order of birth 6
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 11 / 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon D Owen	FULL MAIDEN NAME	Alice May Housel
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Gates Co Neb	BIRTHPLACE	Coffeeville Kans
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Ida

19

Filed 11-18-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 1990

NOV

455-113-014-369

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Id

Registration District No. 3

File No. 74293

No. 702 S. Kimball

Primary Registration District No. 1005

Registered No. 246

Hospital

FULL NAME OF CHILD Frank E. Meek jr

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	S	1	yes	11-13-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank E. Meek	FULL MAIDEN NAME	Edith F. Lornstsen
RESIDENCE	Caldwell Id	RESIDENCE	Caldwell Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Astoria Oregon
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gree M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Id

19

Filed 11-18-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1955

859-112-014-292

PLACE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

74294

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 245

FULL NAME OF CHILD Hertig

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy	S	3	Yes	11/12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred C Hertig	FULL MAIDEN NAME	Elise L. Bischoff
RESIDENCE	Notus	RESIDENCE	Notus
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Switzerland	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 6 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.

(Physician or midwife)

Address Caldwell Id

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 11-18- 1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-203-014-255

PLACE OF BIRTH

Name added 9/28/81

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

74295

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 244

FULL NAME OF CHILD Esther Fern Murphy

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	S	2	Yes	Nov 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harmon Murphy	FULL MAIDEN NAME	Eunice Seely
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Crawford Ore
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Lee M.D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-18-1919 John L Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-9-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 28 3 51 PM '81

State of Idaho
County of Canyon } ss.

Certificate No. 74295
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Murphy (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-3-19 (Date of Event)

in Caldwell (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Esther Fern Murphy

Subscribed and sworn to before me this 25th day of September, 1981.

Notary Public, Karen L. King

Residing at Nampa, Idaho

My commission expires 1985

(Seal)

Esther Fern Murphy Petet
Signature of Applicant

RH 7 Box 7047 Nampa, Ida. 83651
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

SEP 28 1981

Church Christening record of Ester Fern Murphy born Nov. 3, 1919 at Caldwell, ID Viewed by V.S.

Birth cert. of son David Grant Petet born 4-10-43 at Caldwell, ID #371723 gives mother as Esther Fern Murphy. Viewed by V.S.

659 - 208 - 04 - 281

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74296

Registration District No. 7 File No. _____

Primary Registration District No. 1006 Registered No. _____

Full Name of Child Lucile Ferrenburg

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Fem			Yes	Dec 5 19 19

FATHER

FULL NAME: Monte F. Ferrenburg

RESIDENCE: Nampa

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Carpenter

MOTHER

FULL MAIDEN NAME: Ora Shurtz

RESIDENCE: Nampa

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Nebraska

OCCUPATION:

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. K. Proctor M.D.

(Physician or midwife)

Address —

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 10 19 19 Earle Dodds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 0 1974

PLACE OF BIRTH
632-229-014-689 Country

County of Canyon

City of Nampa

No. Rural St.

Hospital x

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 74297

Primary Registration District No. 2506 Registered No.

Full Name of Child Harold Gordon Olson

SEX OF CHILD Boy	Twin Triplet or other? x and Number in order of birth x (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Nov 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Torvald Olson	FULL MAIDEN NAME	Tessie Whipple
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:05 A. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Nampa Idaho

Filed Dec 10 1919 Pearle Dodds Registrar

WRITE PLAINLY WITH UNFADING INK ... RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 74297
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for unnamed (Name on original certificate) who was born (Was born or died) on November 29, 1919 (Date of event)

in Nampa (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on November 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Harold Gordon Olson

Subscribed and sworn to before me this 19th
day of December, 1941
Dorothy M. Gray
Notary Public, residing at Boise, Idaho
My commission expires October 26, 1943
[SEAL]

Signed Mrs Tessie Olson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2 Nyssa, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of December, 1941
Dorothy M. Gray
Notary Public, residing at Boise, Idaho
My commission expires October 26, 1943
[SEAL]

Signed Donald Olson
(Signature of any credible person other than the previous affiant.)

Route #2 Nyssa, Oregon
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

766-109-014-612

PLACE OF BIRTH

County of Canyon

City of Nampa

No 223 N. 16th ave St.

Hospital x

City

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1[illegible]

CERTIFICATE OF BIRTH

74298

Registration District No. 7

File No.

Primary Registration District No. 1006

Registered No.

Full Name of Child Gene Wdell Poppaw

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Boy	x		x	yes	Nov. 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glenn H Poppaw	FULL MAIDEN NAME	Elva Oakley
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ind.
OCCUPATION	R. R. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Nampa Idaho

Filed Dec. 3 1919 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 74298

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Jean Udell Poppaw (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 9, 1919 (DATE OF EVENT) in Nampa, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by statement of father and mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Jean Udell Poppaw	Gene Udell Poppaw

Subscribed and sworn to before me this 30th day of December 1941.

Frank Martin Jr.
Notary Public, residing at Boise, Idaho
My commission expires March 6, 1943
(SEAL)

Signed Glen H Poppaw
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route 1, Melba, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of December 1941.

Frank Martin Jr.
Notary Public, residing at Boise, Idaho
My commission expires March 6, 1943.
(SEAL)

Signed Elva Poppaw
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route No. 1, Melba, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

1981

255-222-044-753

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Mercy

City

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74299

Registration District No. 7

File No. .....

Primary Registration District No. 1006

Registered No. .....

Full Name of Child .....

SEX OF CHILD: girl	Twin Triplet or other? x and Number in order of birth x (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Nov (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Senter	FULL MAIDEN NAME	LaVon Geertsen
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Mussary M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Nampa Idaho

Filed Dec. 10 1919 Pearle Dodds Registrar

..... Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

814-216-014-553

PLACE OF BIRTH

City

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 212-20th Ave S St.

Hospital Mercy

Registration District No. 7

Primary Registration District No. 1006

File No. 74300

Registered No.

Full Name of Child Veronne Maxine Hampton

SEX OF CHILD: Girl	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Nov (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Max E. Hampton	FULL MAIDEN NAME	Mabel L Nelson
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Minn.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M D

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Nampa Idaho

Filed Dec 10 1919 Pearl Do

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 17, 1941. E.W.

[redacted]

Form V. S. No. 11—25m-6-15-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74301

City of Nampa

No. R.R. 4 St.

812-209-014-613

Hospital

Registration District No.

File No.

Primary Registration District No. 2136

Registered No.

Full Name of Child Lois Hasselbring

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F.	1	yes	10 - 9 - 19

FATHER		MOTHER	
FULL NAME	Hermon H Hasselbring	FULL MAIDEN NAME	Margaret E Walls
RESIDENCE	Nampa RR4	RESIDENCE	Nampa RR4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. C. Robinson

Physician (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address 4th St & 14th Ave S. Nampa Idaho

Filed Dec 10 1919 Pearle Dodge

Registrar

793-103-014-366

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74302

County of Canyon

City of Nampa

Registration District No. 7

File No.

No. 1606 2nd St. So.

Primary Registration District No. 2004

Registered No.

Hospital born at Hospital

Full Name of Child Geo L Loomer Gilbert

SEX OF CHILD M.	Twin Triplet or other? and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 11-3 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Nathan Roy H. Gilbert.	FULL MAIDEN NAME Ruth A Loomer
RESIDENCE	RESIDENCE 1606 2nd St So
COLOR W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Neb
OCCUPATION Banker	OCCUPATION H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H C Robinson

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address 4th St & 14th Av So.

Registrar

Filed Dec 10 1919 Earle Dodds Registrar

12-2-41

ted States
artment of Commerce
eau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74302
Local Reg. No. 536
Reg. Dist. No. 362

PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home (Sisters of Mercy) Nampa Gen. Hosp.
(e) Mother's stay **BEFORE** delivery: 3 1/2 hrs.
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years 6 months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Nampa (b) County Canyon
(c) City Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 1/2 yrs.
(f) Mother's mailing address (For registration notice): 5-24-7 Ave. So. Nampa, Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

FULL NAME OF CHILD George Loomer Gilbert

5. Date of Birth (Month, day, year) Nov. 3rd 1919

Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Roy Nathan Gilbert

Color or Race White 12. Age at time of THIS birth 36 yrs.

Birthplace Dakin, Nebraska
(City or Town) (State or foreign country)

Exact Occupation

Industry or Business Bankers & Loaning

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Alda Loomer

17. Color or Race White 18. Age at time of THIS birth 28 yrs.

19. Birthplace Arbonville, Neb.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Silver Sol.

Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ruth Alda Gilbert, who is
(First name) (Last name)
related to this child as mother
(Mother, etc.)

(a) Nov. 12-1941 (b) Lyda Rodgers
(Date received) (Registrar's signature)

Given name added on ..... by .....
(Registrar's Signature)

25. Attendant's **OWN** signature Sister M. Alphonsus M.D.
(D.O. Midwife, etc.)
and address Supt. of Nurses Date Nov. 13-1941

over

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the tending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars quired by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the dat birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nu householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private stitutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth ha occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signatur make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval tha days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that pose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other pe charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to fi proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a demeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No

State all operations:

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delive
Do not know

(4) Signature of Physician:
Dr. H. C. Robinson a
at this time Nov. 12,
Assistant Sister M. Alphonsus
(Supt. of Nurses)

291-117-014-349

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74303

County of Canyon

City of Nampa

No. RR. 1 St.

Registration District No. _____ File No. _____

Primary Registration District No. 2006 Registered No. _____

[redacted] of Child Maurice B. Brady

Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
		3	yes	11 (Month) — 17 (Day) 19 19 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry B Brady	FULL MAIDEN NAME	Lela B Curtis
RESIDENCE	Nampa 2	RESIDENCE	Nampa 2
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. C. Robinson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

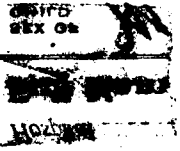
Address 4th St & 14th Ave S.

Filed Dec 18 1919 [illegible] Nampa

Registrar

Registrar

Certified Copy issued Jan. 13, 1941. E.W.



365-103-014-263

PLACE OF BIRTH

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74304

County of Canyon

City of Nampa

No. 501. 19th Ave S.

Registration District No. 7

File No.

Primary Registration District No. 1006

Registered No.

Hospital

Full Name of Child John B Long

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.	1	yes	Nov 3 19

FATHER		MOTHER	
FULL NAME	C F Long	FULL MAIDEN NAME	Wanita Boldwin
RESIDENCE	501. 19th Ave S	RESIDENCE	Nampa Q
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kentucky	BIRTHPLACE	Montana
OCCUPATION	Railroader	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Robinson

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address 4th St & 14th Av So

Registrar

Filed Dec. 10 1919 Pearle Dodds

Registrar

695-131-014-962

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74305

County of Canyon

City of Nampa

No. 1015 14th Ave S. St.

Registration District No. 7

File No.

Primary Registration District No. 1336

Registered No.

Hospital

Full Name of Child William Windeler

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth: 3 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Oct. 31. 19 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert G Windeler	FULL MAIDEN NAME	Mary Rowena Robinson
RESIDENCE	Nampa 2	RESIDENCE	Nampa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ohio.	BIRTHPLACE	Ohio
OCCUPATION	Sec of Chamber of Commerce	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5.30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Robinson
Physician
(Physician or midwife)

Given names added from a supplemental report

19

Address 4th St. & 14th Ave S.

Filed Dec. 13 1919 Nampa

Registrar

Earle Doadz

Registrar

159-118-014-396

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74306

County of Canyon

City of Nampa

No. R.R. 3 St.

Hospital

Registration District No. 7

Primary Registration District No. 2306

File No.

Registered No.

Full Name of Child Merle Walter Redmon

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M.	2	yes	Nov. 18, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Redmon	FULL MAIDEN NAME	Zelma Cromwell
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 8 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. C. Robinson

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address 4th st & 14th ave

Registrar

Filed Dec 15 1919 Earle [illegible] Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Valley

Certificate No. 74306
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Baby Redmon (Name on original certificate) who born (Was born or died) on Nov. 20, 1919 (Date of event)
in Nampa Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	Nov. 20, 1919	Nov. 18, 1919
Maiden Name of mother	Omitted	Merle Watten Redmon
	Cornwell	Cornwell

Subscribed and sworn to before me this 26th. day of December, 19 41.

Signed Mrs. Zelma Redmon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public residing at Clerk of the District Court, Valley County, Idaho
My commission expires (Street Address, City, State)
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Valley

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th. day of December, 19 41.

Signed John L Redmon
(Signature of any credible person other than the previous affiant.)

Notary Public residing at Clerk of the District Court, Valley County, Idaho
My commission expires (Street Address, City, State)
[SEAL]

Received for filing on By
(Registrar's signature)

814-212-014-396

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

[illegible] STATISTICS

CERTIFICATE OF BIRTH

74307

County of Canyon

City of Nampa

No 1410-12 Ave So St.

Registration District No. ____ File No. ____

Primary Registration District No. 136 Registered No. ____

Hospital ____

Full Name of Child Genevieve Louise Hamilton

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
female	—		—	yes	11 (Month) 12 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oliver Prescott Hamilton	FULL MAIDEN NAME	Louise Blanche Crouse
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Nebraska ~~Nampa Ida~~
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 3 15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton

(Physician or ~~midwife~~)

Given names added from a supplemental report.

____ 19____

Address ____

Registrar

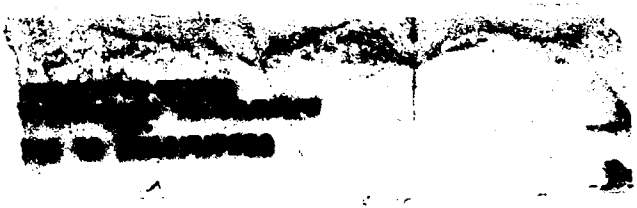
Filed [illegible] 19 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



266-206-014-791

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Pleasant add St.

Hospital ——

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 1006

File No. 74308

Registered No.

Full Name of Child ——

SEX OF CHILD: female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph S. Bown	FULL MAIDEN NAME	Ethel Grant
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Mass.
OCCUPATION	Ins. Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2 P. M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton

Nampa Idaho
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 10 1919 Birle Dodds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-201-014-569

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital Mercy

[redacted]

STATE OF [redacted]

BU[redacted]U OF VITAL STATISTICS

[redacted]TIFICATE OF BIRTH

Registration District No. 7

File No. 74309

Primary Registration District No. 1336

Registered No. —

Full Name of Child Virginia Lee Hemm

SEX OF CHILD Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 12 (Month) 1 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Hasea L. Hemm	FULL MAIDEN NAME	Stella Norton
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill
OCCUPATION	Fire Repairer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 .... Number of children of this mother now living, including present birth 1 ....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... at 3 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton

Nampa Idaho

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Address .....

..... Registrar

Filed Dec 19 19 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-110-014-345

PLACE OF BIRTH

S. No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. .....

File No. 74310

Primary Registration District No. 2[illegible]

Registered No. .....

FULL NAME OF CHILD Arthur Luce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur E. Luce	FULL MAIDEN NAME	May Cunningham
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alin (Born alive or stillborn), at 8 20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Smith M.D. By. A.R.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed [illegible] 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 21 1945

FEB 8 195

655-112-037-253

[redacted] OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74312

County of Owyhee

City of Wilson

No. _____ St.

Hospital _____

Registration District No. 7 File No. _____

Primary Registration District No. 2006 Registered No. _____

Full Name of Child Robert Andrew O'Feeny

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Nov. 12 1919

FATHER		MOTHER	
FULL NAME	Roman D Feeny	FULL MAIDEN NAME	Edith Kelly
RESIDENCE	Wilson Ida.	RESIDENCE	Wilson Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov. 26 1919 Pearle Dodds Registrar

N. B.—In case ... IS A PERMANENT RECORD ... a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 74312
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Robert Andrew Feeny (Name on original certificate) who was born (Was born or died) on Nov 12 — 1919 (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name to be added to record	None given	Robert Andrew Feeny
birthdate	Nov. 11, 1919	Nov. 12, 1919

Subscribed and sworn to before me this 1st day of August 1941.
G. W. Greenway
Notary Public, residing at Boise
My commission expires July 13-1942
[SEAL]

Signed Mary Edith Feeny
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
306 Union St Boise Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August, 1941.
G. W. Greenway
Notary Public, residing at Boise
My commission expires July 13-1942
[SEAL]

Signed Mabel Feeney Smith
(Signature of any credible person other than the previous affiant)
703 Thatcher St Boise Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

FEB 19 1952

736-122
014-46[redacted]
PLA[redacted]

Form V. S. No. 11—25m-6-15-18

[redacted] OF IDAHO
BUREAU [redacted] VITAL STATISTICS
CERTIFICATE OF BIRTH

74313

County of Canyon

City of Nampa

No. 709 4th St. S.

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Hospital

Full Name of Child John Elwin Glongie

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Nov. 22 1917

FATHER

FULL NAME: Cleon F. Glongie

RESIDENCE: Nampa

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Real estate

MOTHER

FULL MAIDEN NAME: Gillian E. Dorey

RESIDENCE: Nampa

COLOR: White AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Pratt

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov. 25 1917 Pearle Dodds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

c.c. 5/20/41. w.h.

819-110-014-845

PLACE OF BIRTH

[redacted]

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74314

County of Canyon

City of Nampa

No. _____ St.

Registration District No. 7 File No. _____

Primary Registration District No. 1006 Registered No. _____

Hospital Nampa General

Full Name of Child Joseph O. Harrison

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Nov. 10 1918

FATHER		MOTHER	
FULL NAME	Joseph H. Harrison	FULL MAIDEN NAME	Alvedora Hunt
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	AGE AT LAST BIRTHDAY (Years)	58
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	West Virginia	BIRTHPLACE	Minnesota
OCCUPATION	Retired Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov. 25 1918 Pearle Douglas Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/13/41 [illegible]

249-216-014-168

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **74315**

County of Canyon

City of Nampa-R.D.

No. ..... St.

Hospital .....

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

Full Name of Child Burnam

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Nov 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilbur Richard Burnam	FULL MAIDEN NAME	Elma Johnson
RESIDENCE	Nampa, R.D#3	RESIDENCE	Nampa R D#3
COLOR	white AGE AT LAST BIRTHDAY 32 (Years)	COLOR	white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Washington State	BIRTHPLACE	Washington State
OCCUPATION	Farmer	OCCUPATION	House keeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Nov. 25 1919 Pearle Dodds Registrar

N. B.—In case ..... a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-225-014 19

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 13 Ave S. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Amended 2/11/75

Registration District No. 7

File No. 74316

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD FAYE GAVINA MENDIGUREN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
female			yes	Oct 25 19 9 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Candido Mendiguren	FULL MAIDEN NAME	Martina Arriola
RESIDENCE	Nampa	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Shoemaker	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

(Signature) H P Ross MD

(Physician or midwife)

Address Nampa Ida

Filed Nov 25 19 19 Pearle Dodds
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 74316

County of Canyon } Date Filed Jan. 31, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Mandegurin (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on October 25, 1919 (DATE OF EVENT)

in Nampa, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptisimal Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Date of Baptism - Dec. 25-1919 Date of Certificate - Jan. 25-1942 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Mandegurin	Mendegurin
Name	Unnamed	Faye Gavina Mendiguren

Subscribed and sworn to before me this 31st day of January, 19 42

A. W. Schuster

Notary Public, residing at Nampa, Idaho

My commission expires April 1945

(SEAL)

Signed Martina Mendiguren

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

10 13 Ave So Nampa Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of January, 19 42

A. W. Schuster

Notary Public, residing at Nampa, Idaho

My commission expires April 1945

(SEAL)

Signed C. B. Maybill

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

315 9th Ave. So., Nampa, Idaho

(STREET ADDRESS, CITY, STATE)

FEB 4 1942

1 22 75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 6 9 47 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 74316

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Faye Gavina Mendiguren (Name on Original Certificate) who was born (Was Born or Died) on Oct. 25, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Jan 25, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Fathers name	Mendeguren	Mendiguren
Mothers maiden name	Ariola	Arriola

Subscribed and sworn to before me this 4 day of February, 19 75

Notary Public, residing at Nampa Idaho

My commission expires 4-14-76

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

343 Holland St., Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

FEB 11 1975

Martina Arriola Mendiguren , died July 2, 1967 at Nampa, Idaho State file # 67-2992 gives fathers name as Jose Maria Arriola.
Viewed by VS

Sisters Baptismal Certificate St. John's Cathedral Boise, Idaho by Rev. Bernardo Arregui-Maria Dolores Mendiguren born Aug. 18,1913 father Candido Mendiguren, mother Martina Arriola. Baptized Nov. 2, 1913.
Viewed by VS

Baptismal Certificate Faye Gavina Mendiguren born Oct. 25, 1919 at Nampa, Idaho, Mother Martina Arriola, father Candido Mendiguren - baptized Dec. 25, 1919, by Rev. J. P. Ries. SM.

643-212-014-962

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital ____

Registration District No. 7

File No. 74317

Primary Registration District No. 2006

Registered No. ____

Full Name of Child Doris Jean Fuller

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
F		Yes	Nov 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wesley Monroe Fuller	FULL MAIDEN NAME	Elsie May Rosenbaum
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McLellan

Physician & S.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Dec 10 1919 Pearle Dodds
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-119-035-664

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIR[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74318

County of Ney P[redacted]

City of Lapwai

Registration District No. 97 File No.

No. St.

Primary Registration District No. 2.74 Registered No. 27

Hospital

FULL NAME OF CHILD Simon K. Broncheau

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Nov. 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Broncheau	FULL MAIDEN NAME	Lizzie Fourdyce
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	1/4 Indian	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Idaho	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. H. Habel. M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lapwai Ida

Filed Nov. 20 1919 William P. H. Habel

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-206-029-369

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74319

County of Latah.

City of Princeton

No. ..... St.

Hospital .....

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Charlotte Brooks.

Sex of Child female

Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Oct (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	David G. Brooks.	FULL MAIDEN NAME	~~[illegible]~~ Lizzy D. Corey.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Iowa.
OCCUPATION	Labour.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11 A. 16 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. Thompson M.D. (Physician or midwife)

Address Potlatch Idaho

Filed Nov 15 1919. Dr J. W. Thompson ~~Registrar~~

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-205-029-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Harvard

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 65

File No. 74320

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Edna Jean Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	[illegible]		Yes	Dec. 5 1919

FATHER	MOTHER
FULL NAME Ernest S Smith	FULL MAIDEN NAME Ava M Stewart
RESIDENCE Harvard Idaho	RESIDENCE Harvard Idaho
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Grand Haven Mich	BIRTHPLACE Moscow Idaho
OCCUPATION Merchant	OCCUPATION Housework

Number of child of this mother, including present birth Six

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 A.M. on the date above stated.

(Signature) Ernest S Smith

Father (Physician or midwife)

Address Harvard

Filed Dec. 8th 19 19. Dr J.W. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

JUL 2 5 1973

812-228-029-994

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **74321**

Registration District No. 65 File No. .....

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Anna. Catherine Habel.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes.	Oct 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gustave F. Habel.	FULL MAIDEN NAME	Theresa. E. Zimmerer.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Austria.	BIRTHPLACE	Bavaria.
OCCUPATION	Labour.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 18 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Potlatch Idaho.

Filed Nov 11 1919. D. J. W. Thompson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-121-029-455

PLACE OF BIRTH

County of Latah

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

74322

Registration District No. 66

File No.

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Theodore Lorain Gilliam

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Nov 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Gilliam	FULL MAIDEN NAME	Mamie H Merryman
RESIDENCE	Latah Co.	RESIDENCE	Latah Co.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Ida.
OCCUPATION	Minister of Gospel	OCCUPATION	Housewife

Number of child of this mother, including present birth 2½ Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 15 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Hein

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Palouse Wash

Registrar

Filed Dec-1 19 9

D. J. H. Thompson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov. 26, 1940

289-221-003-897

[redacted]

Form V. S. No. 11-G—2Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74323

County of Bannock

City of Lava Hot Springs

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Lavern Byington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William A. Byington	FULL MAIDEN NAME	Emma Higgins
RESIDENCE	Lava Hot Springs Idaho	RESIDENCE	Lava Hot Springs
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Arimo Idaho	BIRTHPLACE	Nephi Utah
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances T. Merrick

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Springs Idaho

Filed Dec 9 1919 Otkin Lunah

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 5 1972

159-202-003-253

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock Co

City of Lava Hot Springs Registration District No. ..... File No. 74324

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Thelma Emma Avrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jessie E. Avrey	FULL MAIDEN NAME	Emma Bell.
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Arimo Idaho.	BIRTHPLACE	Weston Idaho
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive, at 5.10 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances F. Merrick

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Springs Idaho.

Filed Dec 9 1919 O V Linhardt

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

419-212-003-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Mm-9-8-17

74325

CERTIFICATE OF BIRTH

County of Bannock Co

City of Lava Hot Springs

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Merle Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Victor W. Martin	FULL MAIDEN NAME	Elva Lora Merrick
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Clifton Idaho	BIRTHPLACE	Oxford Idaho
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances F. Merrick

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Springs Idaho

Filed Dec 9 1919 O. Linhardt

Registrar

Registrar

962-221-003-617

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock Co

City of Lava Hot Springs Registration District No. File No. 74326

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Marguerite Roberts

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 21 1919

FATHER		MOTHER	
FULL NAME	John Henry Roberts	FULL MAIDEN NAME	Laura adele Tagmant
RESIDENCE	Lava Hot Springs Ida	RESIDENCE	Lava Hot Springs Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Preston England	BIRTHPLACE	Carbon Wyoming
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 20 A.M. on the date above stated.

(Signature) Frances F. Merrick

Midwife (Physician or midwife)

Address Lava Hot Springs Idaho

Filed Dec 9 1919 O V Linkandl Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1959
MAR 7 1969

SEP 25 1941

947-230-003-791

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84

File No. 74327

No. ..... St.

Primary Registration District No. 2161

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Virginia Ruger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	November 30th, 1919

FATHER		MOTHER	
FULL NAME	Eugene Ruger	FULL MAIDEN NAME	Elnora Grant,
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Chesterfield Idaho.
OCCUPATION	Grocery clerk	OCCUPATION	housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.10 a. M. on the date above stated.

(born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Linhardt

physician

(Physician or midwife)

Address P .O.Box 177, Bancroft Idaho

Given names added from a supplemental report.

19.....

Registrar

Filed Dec 9 19 19

O V Linhardt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-221-003-194

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 74328

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Martha Blanche Robison.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. (Month) 21st (Day) 1919. (Year)

FATHER		MOTHER	
FULL NAME	Ray H. Robison.	FULL MAIDEN NAME	Blanche E. Armstrong
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sigourney Iowa	BIRTHPLACE	Whatcher Iowa
OCCUPATION	Farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar O Linhardt

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft Idaho.

Filed Dec. 9 1919

O O Linhardt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 4 1966

266-121-003-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 74329

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD William Royal Bowler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. (Month) 21st (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Issac R. Bowler	FULL MAIDEN NAME	Reta E. Jensen
RESIDENCE	Topence Idaho	RESIDENCE	Topence Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Whitney Idaho	BIRTHPLACE	Chesterfield Idaho.
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Linhardt

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft Idaho.

Filed Dec 9 1919 O V Linhardt Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

743

SUPPLEMENTAL REPORT OF BIRTH

ce
rth

City Topence Idaho.

Street and House No.

County Bannock

Registered No. 84

Registration Dist. No. 2161

of Child male

e of Birth Nov. 21st 1919
MONTH DAY YEAR

ather Issac R. Bowler
FULL NAME

Mother Reta E. Jensen
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

William Royal Bowler,
GIVEN NAME IN FULL SURNAME

as reported by Mother.
FATHER OR MOTHER

Oscar V. Lenhardt
LOCAL REGISTRAR

653-224-003-653

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 74330

2161

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elzada Welch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. (Month) 24th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Heber L. Welch	FULL MAIDEN NAME	Sarah Welch (same)
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	West Weaver Utah
OCCUPATION	R.R. Firearm	OCCUPATION	housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.40 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar O. Lenhardt

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bancroft Idaho.

Filed Dec 9 1919

O. Lenhardt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1962

214-108-003-154

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74331

County of Bunnock

City of Bancroft

No. ..... St.

Registration District No. 84

File No. .....

Primary Registration District No. 2161

Registered No. .....

Hospital .....

FULL NAME OF CHILD August Russel Saunders.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	November 8 (Month) (Day) 19 19. (Year)

FATHER		MOTHER	
FULL NAME	August Saunders	FULL MAIDEN NAME	Selma Anderson.
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden.
OCCUPATION	farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.50 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irene V. Linwood

physician.
(Physician or midwife)

Address Bancroft Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 9 1919

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-119-003-369

Form V. S. No. 11-C--25m-7-21-19

PLACE OF ~~BIRTH~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 74332

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD James Corbett Nielsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov. 19th 19 19

FATHER		MOTHER	
FULL NAME	James C. Nielsen	FULL MAIDEN NAME	Irene F. Corbett
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Logan Utah	BIRTHPLACE	Bountiful Utah
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.45 p. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar O. Linhardt

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Registrar

Address Bancroft Idaho.

Filed Dec 9 1919

O. Linhardt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

STATE OF MONTANA)
ss.
COUNTY OF CASCADE)

Certificate No. 74332.

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth JAMES CORBETT NIELSEN, Jr., who was born on November 19, 1919, in Bancroft, Bann ock County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by own knowledge of facts are:

FACTS TO BE CORRECTED	FROM (As on original)	TO (The correct facts)
Name	James Corbett Nielson	JAMES CORBETT NIELSEN,

Signed James Christian Niels
Father

Vaughn, Montana.

Subscribed and sworn to before me this 11th day of December, A. D. 1941.

CHAS. REGAN, COUNTY CLERK & RECORDER

By Agnes E Schraeder
Deputy.

14 337

DEC 16 1941

947-209-003-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 8

File No. 74333

Primary Registration District No. 3

Registered No. .....

FULL NAME OF CHILD Jolene Ruger.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Nov. 9th 1919.

FATHER		MOTHER	
FULL NAME	Arthur G.Ruger	FULL MAIDEN NAME	Florence I Loveland.
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft Idaho.
COLOR	white — AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Richfield Utah	BIRTHPLACE	Chesterfield Idaho.
OCCUPATION	Auto-mechanic	OCCUPATION	housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.25 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar O. Linhardt

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bancroft Idaho.

Filed Dec 9 1919

O. Linhardt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 31 5 17 PM '81

State of _____ } ss.
County of _____

Certificate No. 74333
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Jolien Ruger (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 9, 1919 (Date of Event)

in Bancroft (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Jolien Ruger	Jolene Ruger

Subscribed and sworn to before me this 13th day of July, 1981.

Notary Public, Florence Cartright
Residing at Burley
My commission expires Lifetime
(Seal)

Mrs. Jolene Salimeno
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

7-17=81 1 copy pd

Certificate of Blessing issued by the L.D.S.Church gives name as Jolene Ruger born November 9, 1919, in Bancroft, Idaho, to Arthur G. Ruger and Florence I. Loveland.
Viewed by V.S.

JUL 31 1981

Family Record gives name as Jolene Ruger born November 9, 1919, in Bannock County, Idaho. Record old.
Viewed by V.S.

386-128-019-632

Form V. S. No. 11—25m-1-1-13

[redacted]

BUR[redacted] STATISTICS

CERTIFICATE OF BIRTH

74334

PLACE OF BIRTH

County of Custer

City of Darlington

Registration District No. 76

File No. 56

No. ..... St.

Primary Registration District No. 2153

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	N. R. Thomson	FULL MAIDEN NAME	Dorcas Olsen
RESIDENCE	Darlington	RESIDENCE	Darlington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H Wf.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Farrell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Idaho

Filed Dec. 8 1919 Rose Nowacki

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

THOMSON

dup of 1919-346143

121-122-019-242

Form V. S. No. 11-25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer.

City of Leslie.

No. ..... St.

Hospital .....

Registration District No. 76 File No. 55 74335

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Royal E. Asay

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	Nov. 22 1919

FATHER		MOTHER	
FULL NAME	E Asay.	FULL MAIDEN NAME	La Preal Busk.
RESIDENCE	Leslie.	RESIDENCE	Leslie.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	H Wf.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M H Farrell MD.

(Physician or midwife)

Given names added from a supplemental report.

Address Mackay Ida.

..... 19.....

Filed Dec 8 1919 Roy Nowacki Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1951

559-12-018-753 (name added 11-9-82)

Form V. S. No. 11—Rev.-1-1-13

PLACE OF BIRTH

County of Custer

City of Leslie.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74336

Registration District No. 76 File No. 54

Primary Registration District No. 2153 Registered No. _____

FULL NAME OF CHILD Ray Vandever Neilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes	Nov 21 1919

FATHER		MOTHER	
FULL NAME	C. V. Neilson	FULL MAIDEN NAME	Verna Peterson
RESIDENCE	Leslie	RESIDENCE	Leslie
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23.
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	At Wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 3a M. on the date above stated.

(Signature) W. H. Tonnell MD.

(Physician or midwife)

Address Malad Idaho.

Filed Dec 8 1919 Geo. Nowacki Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

8-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

dup of 1919-304507

LOT

10-6-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 5 11 12 AM '82

State of _____ } ss.
County of _____

Certificate No. 74336
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Neilson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 21, 1919 (Date of Event)

in Leslie (Custer) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ray Vandever Neilson

Subscribed and sworn to before me this 1st day of Nov, 1982

Notary Public, Mildred M. Smith

Residing at Missoula

My commission expires Apr 1, 1985

(Seal)

Ray Vandever Neilson
X Dora E. Neilson
Signature of Applicant

2930 Spurgin Rd. Missoula, Mont. 59801
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Missoula

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of Nov, 1982

Notary Public, Mildred M. Smith

Residing at Missoula

My commission expires Apr 1, 1985

(Seal)

X Dora E. Neilson
Supporting Signature

112 S. Grove St. Missoula MT. 59801
Street Address, City, State

1 cc pd

Cert of Blessing from LDS Church gives Ray Vandever Neilson born 11-21-19 at Leslie, to Cyrus Van Neilson and Ida Laverna Peterson was blessed Jan. 4, 1920. Viewed by V.S.

NOV - 9 1982

New York Life Ins. Co. Policy gives Ray Vandever Neilson as insured. Policy date May 23, 1950. Viewed by V.S.

269-220-019-968

Form V. S. No. 11—~~Rev.~~ 1-1-18

PLACE OF BIRTH

County of Custer

City of Mackay.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74337

Registration District No. 76 File No. 53

Primary Registration District No. 2153 Registered No. _____

FULL NAME OF CHILD Laura Viola Borsum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			Yes.	Nov. 20 1917

FATHER		MOTHER	
FULL NAME	Fred T Boresum.	FULL MAIDEN NAME	
RESIDENCE	Mackay	RESIDENCE	Mable Rohland
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Wash.
OCCUPATION	Labor.	OCCUPATION	H Wife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1130 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) W. A. Farrell M.D.

(Physician or midwife)

Address Mackay Idaho.

Filed Dec 8 1917 Rose Nowacki Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

265-212-019-251

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74338

County of Custer

City of Mackay

Registration District No. 76 File No. 52

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ila Lorraine Bonner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Bonner	FULL MAIDEN NAME	Ila Beaverland
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Clerk in Pool hall	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M H Farrell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Mackay Idaho

..... 19.....

Filed Dec 8 1919 R. Nowacki Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 74338

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ila Lorraine Bonner

Subscribed and sworn to before me this 2nd day of November, 19 40

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45
(Seal)

Signed Mrs Ila Bonner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 _____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 4 1942

761-231-019-157

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Leslie

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74339

Registration District No. 76 File No. 51

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD MARIAN LORRAINE PFANDER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. B. Pfander.	FULL MAIDEN NAME	Susie Angelo.
RESIDENCE	Leslie.	RESIDENCE	Leslie.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer.	OCCUPATION	H Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farrell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Mackay. Idaho.

..... 19.....

Filed Dec 8 1919 Rose Nowacki

Registrar

Registrar

S-Y CO. 24656

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nebraska } ss.
County of Lancaster }

Certificate No. 74339

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Marion Loraine	Marian Lorraine
Surname	Pfender	Pfander

Subscribed and sworn to before me this 23 day of March, 1943

S C Shellenberger

Notary Public, residing at Lincoln

My commission expires Sept 19, 1948
(Seal)

Signed Susan Angelo Pfander
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska } ss.
County of Lancaster }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of April, 1943

M W Vauck

Notary Public, residing at Lincoln Nebr

My commission expires Nov. 10th 1948
(Seal)

Signed Ida M. Cox
(Signature of Any Credible Person Other Than Previous Year)

841 No 27th Lincoln Nebr
(Street Address, City, State)

APR 27 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Valley

City of Norwood

No. ..... St.

Hospital Home

STATE [redacted] BUREAU OF VI[redacted]

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 74340

Primary Registration District No. ..... Registered No. 226

FULL NAME OF CHILD Aili Wendla Hillberg

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth 5	Legitimate? Yes	Date of Birth May 9 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Isaac Hillberg	FULL MAIDEN NAME — Wendla
RESIDENCE	RESIDENCE
COLOR White AGE AT LAST BIRTHDAY 44 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Kuhtar, Finland	BIRTHPLACE Kuhtar, Finland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 9 M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac Hillberg

(Physician or midwife) Father.

Address Norwood Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-10 1919 Mary McDonald Dep. Registrar

S-Y-CO 38071

3 MITHER

dup of 1919-D52-3071

819-107-032-454

PLACE OF BIRTH

County of Lincoln

City of Dietrich

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH 74341

Registration District No. 16

Primary Registration District No. 2016

File No. _____

Registered No. 66

Full Name of Child ~~[illegible]~~ RICHARD LEE HARBERT Harbert

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH
male		yes	Nov 7 1919 (Month) (Day) (Year)

FATHER

FULL NAME ~~[illegible]~~ JOSEPH ALEXANDER HARBERT Harbert

RESIDENCE Dietrich

COLOR white AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Mo

OCCUPATION Insurance

MOTHER

FULL MAIDEN NAME Tina McCole

RESIDENCE Dietrich

COLOR white AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Mo

OCCUPATION housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Jones M D

(Physician or midwife)

Address Shoshone Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 8 1919

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

DAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

of Idaho } ss.
y of Ada }

Certificate No. 74341

Date Filed

ie undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
James Andrew Herbert (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on Nov. 7, 1919 (DATE OF EVENT)
Dietrich, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
acts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	James Andrew	Richard Lee Harbert
Name of Father	Joe Andrew Harbert	Joseph Alexander Harbert

cribed and sworn to before me this 5th
of January, 19 42
Marion E. Orr
Notary Public, residing at Boise Idaho
commission expires 6-24-45

Signed J. A. Herbert
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

e of } ss.
nty of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and they are true to the best of his knowledge.

scribed and sworn to before me this
of , 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at
commission expires

(STREET ADDRESS, CITY, STATE)

By

FEB -6 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

FEB 6 1942

Certificate No. 74341

Date Filed 2/5/42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Andrew Harbert (Name on Original Certificate) who Born (Was Born or Died) on Nov 7 1919 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Nov. 10, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	James Andrew Harbert	Richard Lee Harbert

Subscribed and sworn to before me this 5th day of February, 1942

Notary Public, residing at Twin Falls Idaho

My commission expires April 9, 1942 (Seal)

Signed Leon Harbert Brother Age 38
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1140 6 ave East Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of February, 1942

Notary Public, residing at Twin Falls Idaho

My commission expires April 9, 1942 (Seal)

Signed Leon Harbert
(Signature of Any Credible Person Other Than Previous Year)

1140 6 ave East Twin Falls Idaho
(Street Address, City, State)

FEB 11 1942

JAN 23 1942 NW

693-208-032-391

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH

74342

Registration District No. 16

File No. .....

Primary Registration District No. 1016

Registered No. 67

Full Name of Child Verna Mae Wilson

SEX OF CHILD: Female	Twin Triplet or other? — and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Nov (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Clark Henry Wilson	FULL MAIDEN NAME	Pearl Lilian Crane
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	R.R. clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Nov 10 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-211-032-694

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Registration District No. 16

Primary Registration District No. 2016

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 74343

Registered No. 68

Full Name of Child Margaret SHIRLEY Holmes

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
female		yes	Nov 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Robert Holmes	FULL MAIDEN NAME	Elizabeth Wimmer
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	~~this~~ MICHIGAN	BIRTHPLACE	N.M.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Jones M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Shoshone Idaho

Filed Nov 12 1919 J. L. Auer

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 74343

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret Holmes (Name on Original Certificate) who Born (Was Born or Died) on Nov. 11, 1919 (Date of Event)
in Shoshone (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Knowledge of Mother (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Margaret Holmes	Margaret Shirley Holmes
Father's Birthplace	Wisconsin	Michigan
Father's Name	James R. Holmes	James Robert Holmes

Subscribed and sworn to before me this 23rd day of January, 1943

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Elizabeth Holmes Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1320 No. 10th Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

SEP 29 1965

SEP 23 1943

249-120-032-449

PLACE OF BIRTH

County of Lincoln

City of Dietrich

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74344

Registration District No. 16 File No. .....

Primary Registration District No. 2016 Registered No. 69

FULL NAME OF CHILD Smith, Marvin Dwight

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov 30 19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Percy D. Smith	Maude Moursley
RESIDENCE	Dietrich	Dietrich
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Wash.	Wash.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8-50 A M. on the date above stated.

(Signature) C P. Jones M.D.

(Physician or midwife)

Address Shoshone

Filed Nov 25 19 29 J L Stivers Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 9 1942

286-130-032-195

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

74345

County of Lincoln

City of Burmah

Registration District No. 16

File No.

No. ____ St.

Primary Registration District No. 2016

Registered No. 70

Hospital

FULL NAME OF CHILD Harold Wesley Shockley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		fifth	yes	Oct. 30 1919

FATHER		MOTHER	
FULL NAME	Nathaniel Shockley	FULL MAIDEN NAME	Louna Belle Arnold
RESIDENCE	Burmah Idaho	RESIDENCE	Burmah Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	20 miles from Cairo Ill in Ky.	BIRTHPLACE	New Mexico
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth fifth.

Number of children of this mother now living, including present birth Fourth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 p M. on the date above stated.

(Signature) No Attending Physician

(Physician or midwife)

Address

Filed Dec 1 1919 J. H. Allen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Certified Copy issued Dec. 17, 1940.

719-101-032-416

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Dill

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74346

Registration District No. 16 — File No. .....

Primary Registration District No. 1016 — Registered No. 71

Full Name of Child Fred Paine

SEX OF CHILD: Male	Twin Triplet or other? — and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 12 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred G. Paine	FULL MAIDEN NAME	Ellis Maud Dan[illegible]
RESIDENCE	Kimama	RESIDENCE	Kimama
COLOR	White — AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 2[illegible] (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Canada
OCCUPATION	Signal Maintainer RR.	OCCUPATION	wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec 7 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396 - 225 - 032 - 693

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH 74347

Registration District No. 16 File No. _____

Primary Registration District No. 1016 Registered No. 72

Full Name of Child Baby.

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	—	3	Yes	Nov 25 1919

FATHER		MOTHER	
FULL NAME	John Grone	FULL MAIDEN NAME	Agnes Williams
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Wash.
OCCUPATION	Engineer & Carpenter	OCCUPATION	Wife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Dill M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec 7 1919 J. K. Turner Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH 863-225 032-663

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

No. 2 mi - West St.

Registration District No. 17

File No. 74348

Primary Registration District No. 2200

Registered No. 14

Hospital

FULL NAME OF CHILD Edna Marie Holmes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 25 1919

FATHER		MOTHER	
FULL NAME	Clarence Milo Holmes	FULL MAIDEN NAME	Nellie E. Wolfenbarger
RESIDENCE	Richfield 2 mi - West	RESIDENCE	Richfield 2 mi - West
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Cowley Co Kan.	BIRTHPLACE	Aurora Mo.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M D (Physician or midwife)

Given names added from a supplemental report.

Address Richfield Idaho

19

Filed Dec. 10 1919 P. E. Bartlett

Registrar

Registrar

MAR 3 0 1944

AUG

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 453-226 032-619

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74349

County of Lincoln

City of Richfield

No. 4 mi north St.

Registration District No. 17 File No. 1

Primary Registration District No. 2200 Registered No. 15

Hospital

FULL NAME OF CHILD Clarice Metcalf

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 26 1919

FATHER		MOTHER	
FULL NAME	Levi Gregory Metcalf	FULL MAIDEN NAME	Lucy Deseret Warren
RESIDENCE	Richfield 4 mi N.	RESIDENCE	Richfield 4 mi N.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Springfield Utah	BIRTHPLACE	Mapleton Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Bloom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Richfield Idaho

19

Filed Dec. 10 1919 P. E. Bartlett

Registrar

Registrar

AUG 15 1972

235-206-042.494

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 432 3rd Ave North

Hospital

For [redacted] 8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 74350

Primary Registration District No. 10.8.3 Registered No.

FULL NAME OF CHILD Geraldine Stevens

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 6th 191[illegible]

FATHER		MOTHER	
FULL NAME	C. J. Stevens	FULL MAIDEN NAME	Thea Winnick
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Missouri Iowa	BIRTHPLACE	Nebraska Neb.
OCCUPATION	Building Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 (A.M.) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Stevens

Physician (Physician or midwife)

Address 235 - 2nd Ave E Twin Falls Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Dec 3 1917 John F. Coughlan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-275397

319-213-042-291

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 425 - 8th Ave East St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form Y-[illegible] No. 11-C—Mar-9-8-17

74351

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Norma Mae Laris

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Aug 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. S. Laris	FULL MAIDEN NAME	Freada Marrie Kramer
RESIDENCE	Twin Falls. Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Montana
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 840 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phy. (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls

19

Registrar

Filed Dec 10 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 27 1968
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 74351

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Laris (Name on Original Certificate) who was born (Was Born or Died) on August 13, 1919 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Laris	Norma ~~May~~ Laris
		Mae

Subscribed and sworn to before me this 26 day of February, 19 68

Cecil P. Macaw

Notary Public, residing at Kimberly, Idaho

My commission expires April 10 - 1968

(Seal)

Signed Mrs Ray Humphrey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

290 Locust Street North, Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of February, 19 68

Cecil P. Macaw

Notary Public, residing at Kimberly Idaho

My commission expires April 10 - 1968

(Seal)

Signed Henry Buchanan
(Signature of Any Credible Person)

156 9th ave N. Twin Falls Idaho
(Street Address, City, State)

FORM DH 60-155 CL. 2-15-68. 1 Copy pd. Rec. #26765.

Church Certificate of Marriage, St. Peter's, Anaconda, Montana, gives name of groom as John Edward Jones and brides' as Norma Mae Laris, married October 31, 1938, in Montana - viewed by V.S.

MAR 22 1968

Child's Hospital Birth Certificate, St. Ann Hospital, Ananconda, Montana, gives name of mother asNorma Mae Laris, born Twin Falls, Idaho, August 13, 1919, child born February 11, 1940 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

966-222-042-392

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

FULL NAME OF CHILD .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74352

Registration District No. 31

Primary Registration District No. 1085

File No. .....

Registered No. .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 22 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Rowberry	Ruth Lebbett
RESIDENCE	Twin Falls, Idaho	Twin Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	34
BIRTHPLACE	Twin Utah	Soda Springs Ida.
OCCUPATION	Stock raising	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Breathed a couple of hours (Born alive or stillborn) at 9 10 a. M. on the date above stated.

(Signature) W. L. Alexander MD

(Physician or midwife)

Address Central Bldg Twin Falls Ida

File Dec 6 1919 John F. Caughlan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

25-6-126-042-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County 1

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74353

Registration District No. 37

Primary Registration District No. 1083

File No. .....

Registered No. .....

FULL NAME OF CHILD Ray Junior Looney

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 26 1919

FATHER		MOTHER	
FULL NAME	Ray Davis Looney	FULL MAIDEN NAME	Lydia Dell Beer
RESIDENCE	Filer, R.F.D. Idaho	RESIDENCE	Filer, R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Surgoonsville, Tenn.	BIRTHPLACE	Wymore, Nebr.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth .... 2 .. Number of children of this mother now living, including present birth .... 2 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Sawyer, D.D.

Twin Falls, Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address .....

..... Registrar

Filed Nov 13 1919 John F. Caughlan Registrar

NOV 23 1942

DECEASED

242-124-042-843

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 74354

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD James Robert Kukulis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Kukulis	FULL MAIDEN NAME	Clemetta Hulshizer
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	Dark	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Utica, Ohio
OCCUPATION	R.R. Detective	OCCUPATION	Book Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls Idaho

Filed Nov 13 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/26/41 L. B.

493-131-042-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74355

County of Twin Falls

City of Filer Ida

Registration District No. 37 File No.

No. St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Miller

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10-31-1917

FATHER		MOTHER	
FULL NAME	Quincy Miller	FULL MAIDEN NAME	Daisy Collins
RESIDENCE	Filer, Ida	RESIDENCE	Filer, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Okla.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 6 1917 John F. Cavanaugh Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

618-120-042-168

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

74356

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Edwin Otto Mahnken

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 20 1919

	FATHER	MOTHER
FULL NAME	John C Mahnken	FULL MAIDEN NAME Agnes Johnson
RESIDENCE	Kimberly	RESIDENCE Kimberly
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Illinois
OCCUPATION	Farmer	OCCUPATION —

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H W Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed Dec 2 1919 John H Caughlin

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

112-119-042-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hollister

Registration District No. 37

File No. 74357

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wilson Calvin Jasper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	no	Nov 19 1919

FATHER		MOTHER	
FULL NAME	Frank C Jasper	FULL MAIDEN NAME	Elizabeth Johnson
RESIDENCE	Scirdeville, Ind.	RESIDENCE	Hollister, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Dont Know	BIRTHPLACE	Tipton, Ind.
OCCUPATION	rancher	OCCUPATION	School teacher

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hro Conchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida

Filed Dec 2 1919 John F. Caughlin

Registrar

Registrar

MARGIN FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1943

445-115-042-418

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74358

County of Twin Falls

City of Rogerson

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 2082 Registered No. .....

FULL NAME OF CHILD Duncan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Twin	1	Yes	Nov 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Berry Ketchum Duncan	Myrtle Day
RESIDENCE	Rogerson Ida.	Rogerson Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Sausaba Co Texas	Covey New Mexico
OCCUPATION	Pool Hall Prop.	Housf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at Same on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Alexander
Physician.
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 12 1919 John F. Laughlin Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1967

293-129-042-253

PLACE OF BIRTH

County of Twin Falls

City of Rogerson

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

74359

Registration District No. 37

File No. .....

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD Roby Silence

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	—	—	yes	11	29	1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Silence	FULL MAIDEN NAME	Susan L Kelley
RESIDENCE	Rogerson	RESIDENCE	Rogerson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H M Leslie

Twin Falls (Physician or midwife)

Address .....

Filed Dec 3 1917 John F. Cavanaugh Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-216-042-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Co. T. F.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 74360

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Nellie Helen Sparling

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	7th	Yes	Nov. 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. H. C. Sparling	FULL MAIDEN NAME	Cora B. Halford
RESIDENCE	Filer Ida F R D no II	RESIDENCE	Filer Ida F R D no II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Farming	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C A Emes

Phy (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed Dec 10 1919 John F. Cangelin

Registrar

Registrar

SEP 8 1942

255-124-042-493

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 407 - 5E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3-17

CERTIFICATE OF BIRTH

74361

Registration District No. 37

File No.

Primary Registration District No. 1082

Registered No.

FULL NAME OF CHILD Kevan - Charles Wayne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes.	Nov. 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas W Kevan,	FULL MAIDEN NAME	Katherine Nicholson
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ind.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 69 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho,

Registrar

Filed Dec 2 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 420 5th. Ave. N.
(d) Name of Hospital or Maternity Home: Grandparents Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. R.F.D. 3
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Twin Falls, Idaho

3. RESIDENCE of FATHER (city, state) Twin Falls, Idaho.

4. FULL NAME OF CHILD Charles Wayne Kevan

5. Date of Birth (Month, day year) Nov. 24, 1919

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Wallace Kevan
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Dow City (City or town) Iowa (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Katherine Nicholson
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Hagerstown (City or town) Ind. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Wallace Kevan, being first duly sworn, say that I am related (Related to (or) acquainted with) Charles Wayne Kevan (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. . . Cloucheck (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Wallace Kevan Signature

..... P. O. Address

Subscribed and sworn to before me on this 5th day of Nov. 19 41

(SEAL) W. B. Smith Notary Public, residing at Twin Falls, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-207-042-619

Form V. S. No. 11-C—2011-3-3-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74362

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Martin, Elva

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Nov. 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. P. Martin	FULL MAIDEN NAME	Alice Farrington
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Tex
OCCUPATION	tin Smith	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hw Glouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls, Idaho

Filed Dec 2 1919 John F. Caughlin Registrar

MARG... ...D FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

L.D.S. Church Certificate of Record of Membership, baptized July 8, 1928 by Henry H. Stewart, copy of orr. church record made Feb. 25, 1963 gives full name as Elva Martin, born Nov. 7, 1919 at Twin Falls, Idaho to William P. Martin and Alice I. Farrington - viewed by V.S. Photo Copy of Stockton High School Permanent Record Card, cert. copy made Feb. 27, 1963 by George O. Anderson Reg. Stockton High School, Stockton, California, gives full name of student as Elva Martin,

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of UTAH born Nov. 7, 1919 at Twin Falls, Idaho - entered Stockton High School Feb. 4, 1935 - parent's name is given as W. P. Martin - left Stockton High School 9/8/37 - viewed by V.S.

Certificate No. 74362

County of SALT LAKE ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Martin (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 7, 1919 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elva Martin

Subscribed and sworn to before me this 26th day of February, 1963

Sharon L. Wiles

Notary Public, residing at Salt Lake City, Utah

My commission expires December 6th, 1966

(Seal)

Signed Alice I. Martin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4024 So. State, Murray, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH
County of SALT LAKE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February, 1963

Sharon L. Wiles

Notary Public, residing at Salt Lake City, Utah

My commission expires December 6th, 1966

(Seal)

Signed Phyllis M. Christie

(Signature of Any Credible Person)

4024 So. State, Murray, Utah

(Street Address, City, State)

FORM DH 60-155 CL 2-19-63. nm

MAR 5

691-208-042-587

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 501 - W 4th St.

Registration District No. 37

File No. 74363

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD MARGARET LOUISE Frazier (Margaret Louise Frazier)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes.	Nov 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ercil Frazier	FULL MAIDEN NAME	Annetta Englehardt
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Colo.
OCCUPATION	truck driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clonchek

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.

19

Filed Dec 2 1919 John F. Caughlin Registrar

Registrar

MARGIN ... OR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. JAN 24 1942 Certificate No. 74363

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for MARGARET LOUISE FRAZIER (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on NOV. 8 - 1919 (DATE OF EVENT)

in TWIN FALLS IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Margaret Louise Frazier

Subscribed and sworn to before me this 21st day of January, 1942

D. E. Turner

Notary Public, residing at Kansas City Mo

My commission expires Nov 21 - 1944.

(SEAL)

Signed Ercel L. Frazier

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

903 Benton Blvd Kansas City, Mo

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 24 1942 By .....

(REGISTRAR'S SIGNATURE)

FEB 5 1942

419-24-042-745

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

74364

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Martell, Fern Cecilia

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 14 19

FATHER		MOTHER	
FULL NAME	Albert Martell	FULL MAIDEN NAME	Elizabeth Juelsen
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Red Lake Falls Minn	BIRTHPLACE	Benton Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Lundvall M.D.
(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 2 1919 John H. Coughlin Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-7-40 cc

691-213-042-685

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74365

County of Twin Falls

City of " "

No. 2nd ave St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No.

Registered No.

FULL NAME OF CHILD Jean Francis Fraser

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Nov 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walton A. Fraser	FULL MAIDEN NAME	Lillian Whelpley
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	New York	BIRTHPLACE	Virginia
OCCUPATION	Clerk — J. D. Store	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls, Ida.

Filed Dec 2 1919 John F. Caughlin Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1942

DEC 11 1957

155-214-042-418

PLACE OF BIRTH

County of Twin Falls

City of ——

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 74366

Primary Registration District No. 1083 Registered No. .....

FULL NAME OF CHILD Louanna Averitt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walton D. Averitt	FULL MAIDEN NAME	Mary Claypool
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	——

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 PM M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

..... Registrar

Filed Dec 2 1919 John F. Caughlin Registrar

MAKE ... OR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 7 1942,

815-117-042-815

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74367

County of Twin Falls

City of Twin Falls

No. 511 9th E. St.

Registration District No. 37 File No.

Primary Registration District No. 1165 Registered No.

Hospital

FULL NAME OF CHILD Heber Haney Hancock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	11 17 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Heber Calvin Hancock	Ida Elma Hancock
RESIDENCE	511 9th East	511 9th East
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	34 (Years)
BIRTHPLACE	Carrol County Mo	Marceline Mo.
OCCUPATION	Clerk. Electrician	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Sawyer, D. O.

Twin Falls, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov 29 1919 John F. Caughlin
Registrar

231 - 205-042-794

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Main St. South St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74368

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Blankinship

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	2	Yes	Nov. 5th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. A. Blankinship	FULL MAIDEN NAME	Beulah G. Pruitt
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Laborer (Sugar factory)	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phy. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Twin Falls Ida.

Filed Nov 13 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-105-042-266

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74369

County of Twin Falls

City of Twin Falls

No. Co. Hospital St.

Hospital Co. Hospital

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Russell Warren Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 5th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Howard Larsen	FULL MAIDEN NAME	Grace Bowers
RESIDENCE	Rock Creek Ida.	RESIDENCE	Rock Creek Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Rock Creek Ida.	BIRTHPLACE	Colorado
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C Almer

Phy. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Ida.

Filed Nov 13 1919 John H Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1943

522-202-042-699

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74370

Registration District No. 37 ..... File No. .....

Primary Registration District No. 1085 ..... Registered No. .....

FULL NAME OF CHILD Betty Eskelsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 2 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Irving Eskelsen	FULL MAIDEN NAME Alice Wright
RESIDENCE 851 Walnut St Twin Falls, Ida	RESIDENCE 851 Walnut St, Twin Falls, Ida.
COLOR White AGE AT LAST BIRTHDAY 23 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah.
OCCUPATION Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls, Ida

Filed Nov 12 1919 John F Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665-103-042-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 74371

Registered No. .....

FULL NAME OF CHILD Owen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy L. Owen	FULL MAIDEN NAME	Delia Martell
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:15 PM M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho.

Filed Nov 5 1919 John F. Caughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-107-042-635

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74372

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. 3 Ave. So. St.

Primary Registration District No. 1005

Registered No.

Hospital

FULL NAME OF CHILD Robert Wilber White

Sex of Child: Male

Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 11 (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wilber White	FULL MAIDEN NAME	Miss Carey Fleming
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Colorado	BIRTHPLACE	Texas
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho

19

Filed Nov 9 1919 John F. Caughlin

Registrar

Registrar

JUL 24 1952

844-102-042-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74373

County of Twin Falls

City of Hollister

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1082

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male,		Yes.	11 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Huddlaeson, Chas, E.	FULL MAIDEN NAME	Davidson, Bertha
RESIDENCE	Hollister, Idaho.	RESIDENCE	Hollister, Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kentuckey.
OCCUPATION	Mercahant.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov. 2nd, 1919, at 11.35A on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Deane MD

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho.

Filed 11/ 3 19

John F. Caughlin
Registrar

Registrar

755-115-042-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74375

County of Twin Falls

City of Twin Falls

No. 535 W. Main St.

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Keith Melvin Gee

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth November 15 1919. (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Clyde Orlando Gee.	FULL MAIDEN NAME Nimma Blanche Prentiss.
RESIDENCE 535 W. Main, Twin Falls.	RESIDENCE 535 W. Main St., Twin Falls.
COLOR White AGE AT LAST BIRTHDAY 22 (Years)	COLOR White. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Copley, Idaho.	BIRTHPLACE Sherman, Texas.
OCCUPATION Painter.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at six P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William F. Passer, M. D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rex Arms Apts., Twin Falls.

Filed Nov. 20 1919. John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-226-042-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-9-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 74376

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital no

FULL NAME OF CHILD Aurora Maline

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A Maline	FULL MAIDEN NAME	Christina Belaustegui
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Milford

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Nov 29 1919 John F. Caughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1971

212-130-042-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls,

City of Twin Falls,

No. ..... St.

Hospital BOYD.

Registration District No. 37

Primary Registration District No. 1085

File No. 74377

Registered No. .....

FULL NAME OF CHILD Philip Clayton Baker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male,			Yes	11 30 1919.

FATHER		MOTHER	
FULL NAME	Baker, George, H.	FULL MAIDEN NAME	Zimmerman, Evlyn
RESIDENCE	Hazelton Idaho.	RESIDENCE	Hazelton Idaho.
COLOR	White,	COLOR	White,
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Illinois,	BIRTHPLACE	Alabama
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, Nov 30th, 1919 (Born alive or stillborn) at 10.05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Deane MD

Physician. (Physician or midwife)

Given names added from a supplemental report.

K ..... 19.....

Registrar

Address Boyd Bldg, Twin Falls Idaho.

Filed 12/1 1919. John F. Caughlin

Registrar

MAY 8 1942

666-223-042-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74378

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital BOYD.

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Baby Woodson, Normalee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes,	11 23 1919

FATHER		MOTHER	
FULL NAME	Woodson, Harry F,	FULL MAIDEN NAME	Swarthout, Edna
RESIDENCE	Oxford Apartments,	RESIDENCE	Twin Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Okalahoma,	BIRTHPLACE	Illinois,
OCCUPATION	Riviter.	OCCUPATION	Housewife.

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Nov. 28th, 1919 (Born alive or stillborn), at 16.20P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane M.D.

Twin Falls, Idaho. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boyd Building

Filed 11/29th 1919 John F. Caughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74379

County of Twin Falls

City of Twin Falls

553-123-042-366

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital ORVILLE LAVAUGHN

FULL NAME OF CHILD Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 23 1919

FATHER		MOTHER	
FULL NAME	Oscar Nelson	FULL MAIDEN NAME	May Bell Lowe
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 1 06 am (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. D. McGinnis

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Ida

Registrar

Filed Dec 3 1919 John F. Caughlin Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 74379

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Orville LaVaughn Nelson

Subscribed and sworn to before me this 20
day of Sept, 1943

Pauline Ambrose
Notary Public, residing at Emmett
My commission expires 1/1/47
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mary Bell Nelson
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

EP 20 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH 466-128-042-168

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74380

County of Twin Falls

City of ——

No. —— St.

Hospital ——

Registration District No. 31

Primary Registration District No. 1085

File No.

Registered No.

FULL NAME OF CHILD Earl Rondel Moore

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	Yes	Nov. 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sherman Jesse Moore	FULL MAIDEN NAME	Irma Johnson
RESIDENCE	Twin Falls County	RESIDENCE	Twin Falls County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Aurora Mo	BIRTHPLACE	Cleser, Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed Dec 1 1919 John F. Caughlin
Registrar

9-11-41

795-213-042-419

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 74381

Registered No. .....

FULL NAME OF CHILD ..... Leisle Greene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	11 (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Young Greene	FULL MAIDEN NAME	Abigail Marker
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Factory Laborer	OCCUPATION	Hwf

Number of child of this mother, including present birth ..... 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Masson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Dec 6 1919 John H. Caughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

248-106-042-249

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 74382

Registered No. .....

FULL NAME OF CHILD Smyth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	11 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William Smyth	FULL MAIDEN NAME	Gertrude Smith
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Rancher	OCCUPATION	Hoof

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed Dec 6 1919 John F. Caughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECORD OF BIRTH

County of .....

City of .....

No. .....

Name .....

.....

.....

.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-112-042-663

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74383

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1082

File No. .....

Registered No. .....

FULL NAME OF CHILD Parent, Arthur Joseph

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11 12 1919

FATHER		MOTHER	
FULL NAME	Arthur Lewis Parent	FULL MAIDEN NAME	Pearl Wolf
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mich	BIRTHPLACE	Canada
OCCUPATION	Labr.	OCCUPATION	Hwf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Dec 6 1919 John H. Caughlin

Registrar

Registrar

Certified Copy issued Jan 3. , 1941. E.W.

693-115-042-363

PLACE OF BIRTH

County Twin Falls

" "

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 4-4-27

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 74384

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ..... Williamson Lowell K.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11 16 1927

FATHER	MOTHER
FULL NAME James Franklin Williamson	FULL MAIDEN NAME Addie Cochran
RESIDENCE Twin Falls	RESIDENCE T-F-
COLOR W— AGE AT LAST BIRTHDAY 37 (Years)	COLOR W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Ind.
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. S. Mason

Twin Falls

(Physician or midwife)

Address Twin Falls Idaho

Filed Dec 16 1927 John F. Causgrove Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-125-042-413

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 1937

CERTIFICATE OF BIRTH

74385

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Roland Clayne Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	11 21 1919

FATHER		MOTHER	
FULL NAME	Clifton Adams	FULL MAIDEN NAME	Elizabeth Dalgnish
RESIDENCE	Twin Falls	RESIDENCE	T. F.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	25
COLOR	W	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Labor.	OCCUPATION	Hswf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1.2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. S. Wanamaker

(Physician or midwife)

Address Twin Falls

Filed Dec 6 1919 John T. Cavanaugh Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

493-137-042-793

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 1-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74386

County of Twin Falls

City of " "

Registration District No. 37

File No.

No. St.

Primary Registration District No. U.S.2.

Registered No.

Hospital

FULL NAME OF CHILD Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	11 29 29

FATHER		MOTHER	
FULL NAME	Dean Miller	FULL MAIDEN NAME	Mary Gilbert
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) T S Mason

(Physician or midwife)

Address Twin Falls

Filed Dec 6 1929 John F. Cavaghlin
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-229-042-459

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74387

County of Twin Falls

City of 11 11

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Sullivan HARRIET ELIZABETH SULLIVAN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	11 29 1919

FATHER		MOTHER	
FULL NAME	Henry Clay Sullivan	FULL MAIDEN NAME	Elizabeth Meredith
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~stillborn~~ (Born alive or ~~stillborn~~), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) F B Mason

Twin Falls

(Physician or ~~midwife~~)

Address Twin Falls

Filed Dec 6 1919 John F. Cavaghlin

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. OCT 23 19[illegible]
County of Kitsap }

Certificate No. 74387

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Harriet Elizabeth Sullivan (Name on Original Certificate) who was born (Was Born or Died) on Nov. 29, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by insurance policy (Bible Record, Insurance Policy, Etc.) prepared on Oct 19 - 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Harriet Elizabeth Sullivan
		Metropolitan Life Ins Co Amount $1000. - Endowment Policy

Subscribed and sworn to before me this 6th
day of October, 1942.
M. V. Gelscheid
Notary Public, residing at Bremerton
My commission expires February 28, 1945
(Seal)

Signed Lulu Saffer Sullivan
Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 4, Bremerton, Wash.
Box 1272 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Kitsap }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of October, 1942.
M. V. Gelscheid
Notary Public, residing at Bremerton
My commission expires Feb. 28, 1945.
(Seal)

Signed Henry Clay Sullivan
(Signature of Any Credible Person Other Than Previous Year)

Route 4, Box 1272 Bremerton, Wash.
(Street Address, City, State)

OCT 2 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-127-042-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 74389

No. ..... St. Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Wayne Rayl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robt. Rayl	FULL MAIDEN NAME	Nora Lee Shell
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida.

Filed Dec 6 1919 John F. Caughlin Registrar

..... Registrar

name added 9-1-81
214-210-042-162

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 74390

Registered No. .....

FULL NAME OF CHILD ... Sarah Jane Bamberry

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 11 (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	David Bamberry	FULL MAIDEN NAME	Margaret Joseph
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Tate

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Registrar

Filed Dec 6 1919 John F. Caughlin Registrar

7-9-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

JUL 9 1981

Bureau of Vital Statistics

State of _____ } ss.
County of _____

Certificate No. 74390
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bamberry (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-10-19 (Date of Event)

in Twin Falls (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Sarah Jane Bamberry

Subscribed and sworn to before me this 20th day of July, 1981

Notary Public, Thelma Thompson

Residing at Jerome, Idaho

My commission expires 5-1-85

(Seal)

Sarah J Beem
Signature of Applicant

512 3rd Ave East Jerome Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of July, 1981

Notary Public, Thelma Thompson

Residing at Jerome, Idaho

My commission expires 5-1-85

(Seal)

Beulah B. Peterson
Supporting Signature

RR4 - Jerome, Idaho
Street Address, City, State

1 cc pd

Bible record dated last entry 4-3-21 gives Sarah Jane Bamberry born 11-10-19 to David Bamberry and Margaret Joseph. Viewed by V.S.

SEP 1 1981

Jerome High School Diploma certifies that Sarah Jane Bamberry graduated on 5-27-37, Viewed by V.S.

365-111-042-353

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74391

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Langshore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 11 1919

FATHER		MOTHER	
FULL NAME	Harrison Longshore	FULL MAIDEN NAME	Florence L. Secord
RESIDENCE	Jerome, Idaho	RESIDENCE	Jerome, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. D. Weaver

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Filed Dec 6 1919 John H. Langshore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

LOT DUP OF 1919-75109

485-121-042-755

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74392

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD ..... WILLIAM EDGAR Dye .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Dye.	Beatrice E. Peckham
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Kansas	Mich.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..1.. Number of children of this mother now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive ....., at 3:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Mann

Physician

(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 6 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 74392

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Dye (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov 21st, 1919 (DATE OF EVENT)
in Twin Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	William Edgar Dye

Subscribed and sworn to before me this 19th, day of February, 19 43

Notary Public, residing at Twin Falls

My commission expires Feb 18th, 1945
(SEAL)

Signed Mrs Beatrice Edna Dye Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route 1 Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th, day of February, 19 43

Notary Public, residing at Twin Falls

My commission expires Feb. 18, 1945
(SEAL)

Signed J W Dye
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route 1 Twin Falls, Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 2 3 1943

281-219-042-539

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74393

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Shankel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 19 1919 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Robert Shankel	FULL MAIDEN NAME	Jennie Elrod
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ga.	BIRTHPLACE	Texas
OCCUPATION	Coal Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida.

19

Registrar

Filed Dec 6 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-223-042-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Elnor

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

74394

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Natalie Tayc Elnor Natalie Tayc.

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 1 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Lumir Jas L. Tayc Tayc	FULL MAIDEN NAME	Matthiebel Gatis
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Chicago, Illinois	BIRTHPLACE	Denver Colo
OCCUPATION	Newspaper Pressman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Pk

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Registrar

Filed Dec 6 1919 John F. Cangelin
Registrar

4/8/41 L. B.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 652 Fourth Ave. E.
   (d) Name of Hospital or Maternity Home: In own private residence
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 652-Fourth Ave. E.
   (e) How long has **MOTHER** lived in Idaho? Six yrs.
   (f) Mother's mailing address (For registration notice): 652 Fourth Ave. E. (Street or R. F. D.) Twin Falls (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Twin Falls I.

4. **FULL NAME OF CHILD** Elnor Natalie Tayc

5. Date of Birth (Month, day, year) November 23, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Lumir Tayc

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Chicago (City or Town) Illinois (State or foreign country)

14. Exact Occupation Pressman

15. Industry or Business Twin Falls News

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Belle Bates

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Denver (City or Town) Colorado (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 1%

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mattie Thayne (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** H. E. Pike M.D. (D.O., Midwife, etc.)
    and address Oakland Calif. Date 9/8/41

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

813-219-042-642

PLACE OF BIRTH

Form V. S. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74395

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. — St.

Primary Registration District No. 1082

Registered No.

Hospital —

FULL NAME OF CHILD Ruth Hachiya

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Twin		2nd	Yes	Aug. 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	K Hachiya	FULL MAIDEN NAME	Kochina Fukuda
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Japan.	BIRTHPLACE	Japan
OCCUPATION	Cafe Owner.	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C Armer

Phy (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Ida

Filed Dec 11 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

813-119-042-642

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. — St.

Hospital —

Registration District No. 37

Primary Registration District No. 1085

File No. 74396

Registered No.

FULL NAME OF CHILD Ross Hachiya

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1st	yes	Aug. 19th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	K. Hachiya	FULL MAIDEN NAME	Kochina Fukuoa
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cafe Owner	OCCUPATION	House wife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phy (Physician or midwife)

T Photostat copy 12/17/41

Given names added from a supplemental report.

Address Twin Falls Ida

19

Registrar

Filed Dec 11 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

955-128-044-248

PLACE OF BIRTH

Form V.[illegible]-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of .....

No. ..... St.

Hospital .....

Registration District No. 86

Primary Registration District No. 2112

File No. 74397

Registered No. 63

FULL NAME OF CHILD Thomas Arlington Reed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Aug 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Reed.	FULL MAIDEN NAME	Elizabeth Kuhlman
RESIDENCE	Five Miles South of Weiser Ida	RESIDENCE	Five Miles South of Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Germany
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Ida

Filed Nov 20 1919 W. R. Hamilton Registrar

Registrar

Sent to me by mistake - Shirley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-202-044-545

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25

CERTIFICATE OF BIRTH

74398

Registration District No. 86

File No. _____

Primary Registration District No. 1010

Registered No. 64

FULL NAME OF CHILD Irma Lucille Howard

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. 22nd (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Robert N. Howard	FULL MAIDEN NAME Phoebe Eder
RESIDENCE Weiser, Ida.	RESIDENCE Weiser Ida.
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Neb.
OCCUPATION Barber.	OCCUPATION Home wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M. D.

(Physician or midwife)

Address Weiser Ida.

Given names added from a supplemental report.

..... 19.....

Filed Nov 10 1919 W. R. Hamilton

Registrar

S-Y-CO 38071

Registrar

Two Children's Birth Certificates on file: (Idaho Birth's) #253484 & #278435 give full maiden name of mother as Irma Lucille Howard - viewed by V.S. First Baptist Church Statement, Weiser, Idaho gives full name of child as Lucille Howard, baptized April 14, 1929 - statement viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

No Documents Submitted to Correct Mother's Maiden Name From Phoebe Ede to Phebe Ede -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho name left as it is - } ss.

County of Washington

Certificate No. 74398

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Howard (Name on Originaf Certificate) who was born (Was Born or Died) on Nov. 2, 1919 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Irma Lucille Howard
Mother's Maiden Name	Phoebe Ede	Phebe Ede

Subscribed and sworn to before me this 16 day of May, 1961

Notary Public, residing at Weiser, Idaho

My commission expires 4-1-62 (Seal)

Signed Robert H. Howard (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

N. State St. Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Washington

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of May, 1961

Notary Public, residing at Weiser, Idaho

My commission expires 4-1-62 (Seal)

Signed Gertrude I. Howard Newman (Aunt)
(Signature of Any Credible Person)

#31 W. Liberty St. Weiser, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5-11-61. nm

MAY 25 1961

339-208-044-381

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2Im-9-8-17

74399

Registration District No. 86

File No. .....

Primary Registration District No. 2112

Registered No. 65

FULL NAME OF CHILD Clifford

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Nov 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	T. Orran Clifford	FULL MAIDEN NAME	Gladys Chandler
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Wallehaus

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed Nov 30 1919 W R Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-110-044-213

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mar 8-8-17

74400

Registration District No. 86

File No. .....

Primary Registration District No. 1010

Registered No. 66

FULL NAME OF CHILD Clifford James Edward Hayne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 10 1919

FATHER		MOTHER	
FULL NAME	Clifford E. Hayne	FULL MAIDEN NAME	Lillie B. Saling
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill	BIRTHPLACE	Weiser Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature]
(Physician or midwife)

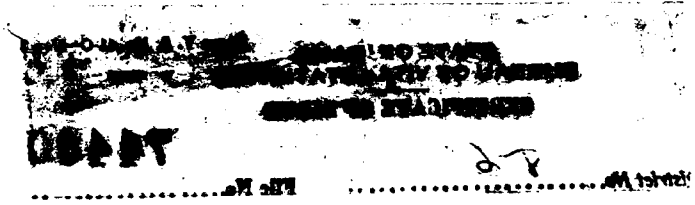
Given names added from a supplemental report.

..... 19.....

Address [illegible]

Filed Nov 30th 1919 W R Hamilton
Registrar

Registrar



MAY 15 1953

D 44

RECEIVED

JUN 13 1941

STATE OF WASHINGTON)
) ss.
COUNTY OF GRANT)

I, the undersigned, being first duly sworn on oath depose and say;

That I was born November 10, 1919, in Weiser, Idaho, that my mother's maiden name was Lillian Salling, that my father's name is Clifford Ellsworth Hayse, that I make this affidavit to secure a birth certificate from the State of Idaho.

Clifford James Edward Hayse

JUN 19 1941

Subscribed and sworn to before me this 12th day of June, 1941.

Deputy Auditor, Grant County
Washington.

395-221-044-255

PLACE OF BIRTH

Washington

[illegible]

No. 715 E. Court St.

Hospital

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74401

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 67

FULL NAME OF CHILD Rose Lincher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W. Lincher	FULL MAIDEN NAME	Gladys Keeble
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kaus	BIRTHPLACE	Mo
OCCUPATION	barber	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 05 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Registrar

Filed Nov 30th 1919 W R Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for ea and the number of each, in order of birth stated.

253-124-044-955

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74402

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 68

FULL NAME OF CHILD Leonard V Keller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clate Keller	FULL MAIDEN NAME	Ella Kenfro
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed Nov 30 1919 W R Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1942

951-120-2044-155

[redacted] Form V. S. No. [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. 1029 E. Main St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

74403

Registration District No. 86

File No.

Primary Registration District No. 1010.

Registered No. 69

FULL NAME OF CHILD Marion Douglas Pearce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Nov 20 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Francis M. Pearce	FULL MAIDEN NAME	Elora Jensen
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22.
BIRTHPLACE	Paradise, Utah.	BIRTHPLACE	So. Cottonwood Utah.
OCCUPATION	Farmer.	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M D

(Physician or Midwife)

Address Weiser Idaho

Filed Dec 1st 19 19 W. R. Hamilton Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

CERTIFICATE OF BIRTH

File No.

SEP 17 1941

1103

695-111-044-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Warm Springs Creek

Registration District No. 86

File No. 74404

No. ..... St.

Primary Registration District No. 2112

Registered No. 70.

Hospital .....

FULL NAME OF CHILD George Woodrow Wren

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	#	2	Yes	11 (Month) ~~19~~ 11 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Ira N. Wren (Nelson)	FULL MAIDEN NAME: Mary Delila Thornton (Thaxton)
RESIDENCE: Warm Springs Creek, Ida	RESIDENCE: Warm Springs Creek, Ida
COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser, Idaho.

Filed Nov 30th 1919 W. R. Hamilton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified for Issue Dec. 11, 1940.

Payette, Idaho.

Oct. 4, 1934.

Mr. Lewis Williams.
Special Agent, Bureau of the Census,
Boise, Idaho.

Dear Sir:

I was away from home at the time this record was mailed to me so I wish to let you know at once that "The notification of birth registration for George Wren is correct with the exception of the birth date, which is Nov. 11, 1919 instead of Nov. 19."

I do not have a record of Spencer E. Wren born Oct. 24, 1918 near Weiser, Idaho, same Doctor in attendance that I had for George Wren. (Dr. Shirley Weiser, Idaho.)

I do not have a record of my daughter Hazel D. Wren. Born August 21, 1923 at Payette Idaho. The same Doctor Mc Donald of Payette was in attendance that I had for John Howard Wren.

I hope that by giving you the names of these Doctors that you may be able to find the record of their birth.

Thanking you in advance for this information I am

Yours truly

Mrs. Ira N. Wren.

Payette, Idaho.

JUN 2 9 1967

695-118-006-251

[redacted] 25m-9-8-17

[redacted]E OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. no house number Idaho St. Cleveland Street

Hospital None

Registration District No. 121

File No. 74405

Primary Registration District No. 1007

Registered No. 275

FULL NAME OF CHILD Chester Leon Vincent Junior

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov. 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chester Leon Vincent	FULL MAIDEN NAME	Grace Louisa Beaman
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Portland, Oregon	BIRTHPLACE	Smith Mills, Minnesota
OCCUPATION	School Teacher	OCCUPATION	Music Teacher

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway
Midwife
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address Blackfoot - Ida

Filed Dec 7 1917 Mrs. Walter E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8558-221-006-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 555 Pacific St.

Hospital No

Registration District No. 121

File No. 74406

Primary Registration District No. 1007

Registered No. 276

FULL NAME OF CHILD Leopoldine Helene Henish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Nov. (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Leopold Henish	FULL MAIDEN NAME	Maria Bernat
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Morevien	BIRTHPLACE	Morevien
OCCUPATION	Harnismaker	OCCUPATION	Housewife

Number of child of this mother, including present birth six Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6-40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot Idaho

Filed Dec. 7 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-227-006-238

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74407

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 277

FULL NAME OF CHILD Margaret Elizabeth Steffens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	X			Yes	Nov 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman Steffins	FULL MAIDEN NAME	Dena L. Schweer
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Germany	BIRTHPLACE	Mo —
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Jackson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot

Filed Nov 27 1919 Mrs Valerie E. Patrick

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 74407

JUL - 2 1945
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Steffens (Name on Original Certificate) who was born (Was Born or Died) on November 27, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous, or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Bible/ and original certificate of birth (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Steffens	Margaret Elizabeth Steffens

Subscribed and sworn to before me this 30th day of June, 1945

Gross Kelly Clerk of District Court
Notary Public, residing at Blackfoot, Idaho

My commission expires January, 1947.
(Seal)

Signed Herman A Steffens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June, 1945

Clerk of District Court Gross Kelly Bingham County
Notary Public, residing at Blackfoot, Idaho

My commission expires January, 1947.
(Seal)

Signed Helen S. Johnson
(Signature of Any Credible Person)

27 So. Cleveland
(Street Address, City, State)

Blackfoot, Idaho

JUL 3 1945

815-230-006-386

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74408

Registration District No. 121 File No. _____

Primary Registration District No. 2194 Registered No. 278

FULL NAME OF CHILD Bernice Hancock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	X		X	Yes	Nov 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elgia Hancock	FULL MAIDEN NAME	Lovina Thompson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 4 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Jackson

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Blackfoot Idaho

Filed Dec 2 1919 Mrs Nalin E. Patrick Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-214-006-519

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Home Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74409

Registration District No. 121 File No. .....

Primary Registration District No. 1007 Registered No. 279

FULL NAME OF CHILD Haroldine Ann Bateman

Sex of Child F.	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harold C. Bateman	FULL MAIDEN NAME	Matilda Naillon
RESIDENCE	Portland. Ore.	RESIDENCE	Portland Ore
COLOR	W AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Tenn
OCCUPATION	Sailor. Merchant Marine	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 5 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Jackson

..... (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot - Idaho

Filed Nov. 19 1919 Mrs Nalie E. [illegible] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JN 21 8 47 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of Alameda County } ss.

Certificate No. 74409

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bateman (Name on Original Certificate) who was born (Was Born or Died) on November 14, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Haroldine Ann Bateman

Subscribed and sworn to before me this 18 day of JUNE, 1976

Notary Public, residing at OAKLAND CA

My commission expires 2-24-77

(Seal) MICHAEL FEITLER
NOTARY PUBLIC - CALIFORNIA
COUNTY OF ALAMEDA
My Commission Expires Feb. 4, 1977

Signed X Haroldine Ann Bateman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8 CAPTAIN Dr EMMERVILLE CA.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Virginia W. Steele
(Signature of Any Credible Person)

1600 Fernwood Dr. Oakland Ca 94611
(Street Address, City, State)

FORM DH 60.155 Correction affidavit (Corresp.) (B) 6=15-76

Certificate of Baptism issued by the Church of Holy Redeemer, Portland, Oregon gives name as Haroldine Ann Mary Bateman child of Harold Bateman and Matilda Naillon born in Blackfoot, Idaho November 14, 1919 and Baptized Sept. 8, 1933. M. J. Clare, Cler of the church and T. A. Mohnen, Pastor.
Viewed by V.S.

JUN 21 1976

Unsecured time noter issued by the Marine Midland National Bank of Troy, Troy, N. Y. gives name as Harolding Ann Bateman Ringo. Paid Sept. 16, 1970.
Viewed by V.S.

55-1-120-006-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

~~City of~~ Fort Hall P.O. Id.

Registration District No. 121 File No. 74410

No. ....., ... St.

Primary Registration District No. 2194 Registered No. 280

Hospital .....

FULL NAME OF CHILD William Dean Evans

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	Nov 20 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William E. Evans	FULL MAIDEN NAME	Dean Scoggin
RESIDENCE	Fort Hall, Idaho	RESIDENCE	Fort Hall Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Malad, Iaho	BIRTHPLACE	Grant, Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Fort Hall Idaho

Filed Nov 22 1919 Wm Walter E. Patrick Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAR 23 1942

219-103-006-713

PLACE OF BIRTH

Amended 9/19/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2174

File No. 74411

Registered No. 281

FULL NAME OF CHILD Dale Ianthus Barlow

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 3 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ianthus Haven Barlow	FULL MAIDEN NAME	Marguerite Ellen Patterson
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9/3/1919 at 10:20 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Gnettey R. Louk

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pingree Idaho

Registrar

Filed Dec 1 1919 Mrs Nellie E. [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 5 3 55 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 74411

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Barlow (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept 3, 1919 (Date of Event)
in Pingree, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dale Ianthus Barlow

Subscribed and sworn to before me this 17th day of June, 1978.
Susan Wallis
Notary Public, residing at Layton, Utah
My commission expires 4-20-82
(Seal)

Signed Mildred Barlow Taylor
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)
1867 3008 Clearfield Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 1978.
Susan Wallis
Notary Public, residing at Layton, Utah
My commission expires 4-20-82
(Seal)

Signed Lois Barlow Young
(Signature of Any Credible Person)
936 East Gentile Layton, Utah
(Street Address, City, State)

FORM DH 60-155

CL 4/7/78 1cc pd. rec. #.729

Cxx Certif of Blessing from the LDS Church gives name as Dale Ianthus Barlow son of Ianthus H. Barlow and Margaret Ellen Patterson Born Sept 3, 1919 in Pingree, Idao. Blessed Jan 4, 1920. viewed by V. S.

SEP 19 1978

Marriage certif from Utah gives names as Dale Ianthus Barlow and Fern Cord Adams married Jan 4, 1937 at Logan, Utah. Sealed Oct 28, 1960. viewed by V. S.

299-204-006-493

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward # 4 St.

Registration District No. 121 File No. 74412

Primary Registration District No. 1007 Registered No. 282

Hospital

FULL NAME OF CHILD Helen Louise Kirkpatrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gordon C. Kirkpatrick	FULL MAIDEN NAME	Mallie Miller
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	West Va.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Mitchell

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Dec 1 1919 Mrs Maxine E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2,18/41 Z.J.

JAN 5 1960

[illegible]-006-265

[illegible] of Blackfoot

[illegible] Blackfoot

[illegible] 74411

No. 108 N. Broadway

(If born in hospital or institution give name.)

Registration District No. 121 State File No.

Prim. Registration District No. 1007 Local Registrar's No. [illegible]

[illegible] NAME OF CHILD James Hayden Young Jr.

[illegible] male	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate? yes	[illegible] 1919 Mth. Nov. 6 [illegible] (Month, Day, Year)

FATHER	MOTHER
[illegible] name: James Hayden Young	18. Full maiden name: Adda Lee Swezea
[illegible] (usual place of abode) (If non-resident, give place and State) Seattle, Wash.	19. Residence (usual place of abode) (If non-resident, give place and State) Seattle, Wash.
11. Color or race W	12. Age at last birthday 48 (years)
20. Color or race W	21. Age at last birthday [illegible] (years)
13. Birthplace (city or place) (State or Country) Seattle, Wash.	22. Birthplace (city or place) (State or Country) Walla Walla, Wash.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. General Mgr.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work .....
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 Pm. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F W Mitchell, M. D.

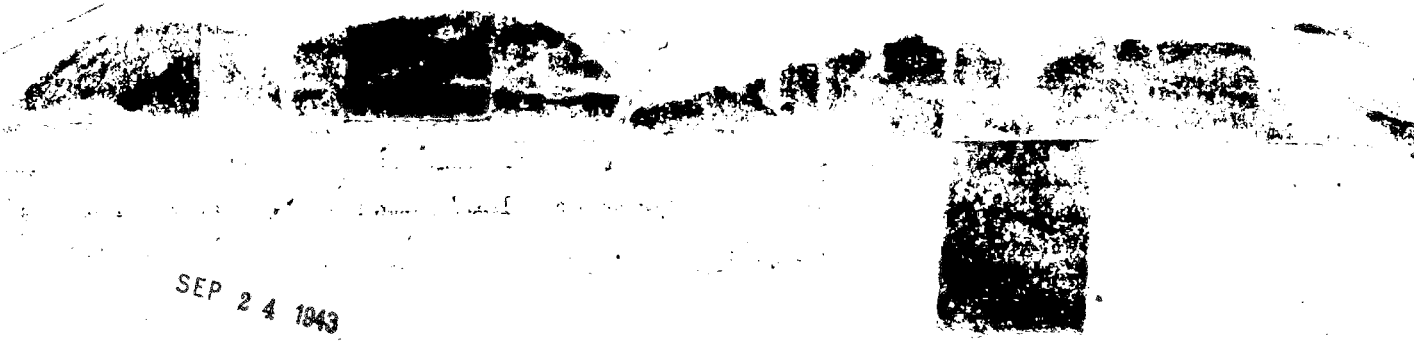
or M D, Midwife

Address Blackfoot, Idaho

Give name added from a supplemental report .....
(Date of)

Filed Dec. 7 1919, Mrs Walter E Patrie
Registrar.

Registrar.



SEP 2 4 1943

619 - 208-006-259

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74414

County of Bingham

City of Blackfoot

No. Groveland St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 284

Hospital

FULL NAME OF CHILD Delpha Fern Warren

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claude Warren	Flora Bergeson
RESIDENCE	Blackfoot Idaho	Blackfoot Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. O. McCulloch M.D.

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec 7 1919 Mrs Nellie E Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No amendment Green ink did not show on copy Big ink blot covered the W and A of last name Warren FC 11/5/1981

814-221-006-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74415

County of Bingham

City of Blackfoot

No. 645 West Pacific St.

Hospital

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 285

FULL NAME OF CHILD Mary Hamilton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harry Hamilton	FULL MAIDEN NAME	Bertha Marrett
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot Idaho

Filed Dec. 7 1919 Mrs Nalia E. Tate Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

363-123-006-767

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74416

County of Bingham

City of Blackfoot

No. Cor. Francis & Stout St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 286

FULL NAME OF CHILD John Pope Collins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 23 1919

FATHER		MOTHER	
FULL NAME	Fee C. Collins	FULL MAIDEN NAME	Gretchen Pope
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo	BIRTHPLACE	Kans
OCCUPATION	Cashier Bank	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Idaho

Filed Dec 7 1919 Mrs Nalia E. Cat

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/9/41 . w.h.

634-226-006-291

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 56 West Pacific St.

Hospital

Registration District No. 121 File No. 74417

Primary Registration District No. 1007 Registered No. 287

FULL NAME OF CHILD Dorothy Virginia Olds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert E. Olds	FULL MAIDEN NAME	Ethel M. Braught
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	S. D.	BIRTHPLACE	Neb.
OCCUPATION	Rail Road.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed Dec 7 1919 Mrs Nellie E. Catrine

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1970

155-230-006-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Groveland St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No. 74418

Registered No. 288

FULL NAME OF CHILD Laurel Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 30 1919

FATHER		MOTHER	
FULL NAME	Joseph F. Jensen	FULL MAIDEN NAME	Bertha Yancey
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.

(Physician or midwife)

Address Blackfoot, Ida

Given names added from a supplemental report.

.....19.....

.....

Registrar

Filed Dec 7 1919 Mrs Nathan E. Patrick

Registrar

S-Y-CO 38071

OCT 30 1970

753-201-006-249

PLACE OF BIRTH

Name added 3-18-81

County of Bingham

City of Blackfoot

No. R.D. # 2 St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74419

Primary Registration District No. 2194 Registered No. 289

FULL NAME OF CHILD Alice Deaune Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 1 1919

FATHER		MOTHER	
FULL NAME	James Ancle Peterson	FULL MAIDEN NAME	Zada Olena Smith
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Dec 7 1917 Mrs. Walter E. Patrick

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1969

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 23 4 31 PM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

Certificate No. 74419
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Peterson (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 1, 1919 (Date of Event)
in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Alice Deaune Peterson

Subscribed and sworn to before me this 17th day of
Feb, 1981.
Notary Public, [signature]
Residing at IDAHO FALLS, IDAHO
My commission expires LIFE TIME
(Seal)

+ Alice Deaune Peterson Davis
Signature of Applicant
X 255 W. 18th Idaho Falls, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of BONNEVILLE } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of
Feb, 1981.
Notary Public, [signature]
Residing at IDAHO FALLS, Idaho
My commission expires LIFE TIME
(Seal)

Zada S. Peterson (Mother)
Supporting Signature
R#5 Box 167 Blackfoot Idaho
Street Address, City, State

3/6/80 nm

Insurance Policy gives name Alice Deaune (Davis-Peterson) born Nov. 1, 1919 in Rockford, Idaho. Policy issued by Idaho Mutual Benefit Assn on June 30, 1952. # 67076
Derived by U.S

MAR 18 1981

Church record issued issued Apr. 21, 1973 gives name Alice Deaune Peterson Davis born Nov. 1, 1919 in Rockford, Idaho.
Derived by U.S.

381-202-006-259

Form V. S. No. 11-C—20m-9-9-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74420

Primary Registration District No. 1007 Registered No. 290

FULL NAME OF CHILD Unnamed Thayer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 2 1919

FATHER		MOTHER	
FULL NAME	Charles A. Thayer	FULL MAIDEN NAME	Lillian Berryman
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Clerk (Cigar Store)	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Blackfoot Ida

Filed Dec. 7 1919 Mrs Walter E. Fabrio Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1975

546-104-006-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 74421

No. ..... St.

Primary Registration District No. 2194

Registered No. 291

Hospital .....

FULL NAME OF CHILD Annamed Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy	—	Yes	Nov 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Edwards	FULL MAIDEN NAME	Annie Barnard
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Ida

Filed Dec 7 1919 Mrs Walter E. Patrick
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1975

366-106-006-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74422

Primary Registration District No. 2194 Registered No. 292

FULL NAME OF CHILD Unnamed Cooper

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fredrick Cooper	FULL MAIDEN NAME	Josephine Olena Jensen
RESIDENCE	Blackfoot	RESIDENCE	Denmark
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Dec 7 1919 Mrs Vales E. Patrick

Registrar

K

168-106-006-7[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. #1 St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 74423

Primary Registration District No. 2194

Registered No. 293

FULL NAME OF CHILD ..... WHITNEY O. Johnson

Sex of Child Male

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Nov 6 (Month) (Day) 1917 (Year)

FATHER

FULL NAME Michael Johnson

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Elsie May Packett

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot Idaho

Filed Dec. 7 1917 Mabel E. Oates Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 74423

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~death~~)
for Whitney Owen Johnston (Name on original certificate) who was born (Was born or died) on Nov. 6 — 1919 (Date of event)
in Blackfoot Ida. (Place of event) Groveland are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Johnson	Whitney O. Johnson
Born Nov. 6-1919		Whitney Owen Johnson

Subscribed and sworn to before me this 26th
day of Dec, 19 41.
Leon J. Chapman
Notary Public, residing at Blackfoot
My commission expires April 6-1942
[SEAL]

Signed Michael Johnson Jr (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 1 Blackfoot Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

319-109-006-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

74424

Registration District No. 121

File No. .....

Primary Registration District No. 1007

Registered No. 294

FULL NAME OF CHILD ~~HAROLD RHEAD~~ Carruth

Sex of Child Male

Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Theron Carruth	FULL MAIDEN NAME	Sarah Hodson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Registrar U.S. Land Office	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Registrar

Filed Dec 7 1919 Mrs Nature E Cabrel Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. }
County of Alameda } ss.

Certificate No. 74424

Date Filed April 10, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for unknown Carruth who Born on Nov. 9 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Blackfoot, Idaho ~~are essencous or~~ were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Carruth	Harold Rhead Carruth

Subscribed and sworn to before me this 10th
day of April, 1942

Alta B Spencer
Notary Public, residing at 6356 Broadway Terrace

My commission expires Sept. 21, 1942
(Seal)

Signed Sara H Carruth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4219 Terrace Street
(Street Address, City, State)
Oakland California

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Alameda } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th.
day of April, 1942

Alta B Spencer
Notary Public, residing at 6356 Broadway Terrace

My commission expires Sept 21, 1942.
(Seal)

Signed Earl T. Mickle
(Signature of Any Credible Person Other Than Previous Year)

709-56th St Oakland
(Street Address, City, State)

295-~~215~~-006-667

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74425

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 1 St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 295

Hospital

FULL NAME OF CHILD AFTON LOUISE Bingham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 15 1919

FATHER		MOTHER	
FULL NAME	Norman Bingham	FULL MAIDEN NAME	Maud Fox
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Dec 7 1919 Mrs Nellie E Patrick

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 744 215

Date Filed ——

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 15, 1919 (DATE OF EVENT)
in Blackfoot Ida. (PLACE OF EVENT), are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ——— (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Afton Louise Bingham

Subscribed and sworn to before me this 26th
day of May, 1942

Notary Public, residing at Blackfoot, Idaho

My commission expires Jan. 6, 1944
(SEAL)

Signed Maude Bingham
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R #1 - Blackfoot, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ——— } ss.
County of ——— }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ———
day of ———, 19 ———

Notary Public, residing at ———

My commission expires ———
(SEAL)

Signed ———
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JUL 16 1942 By ———
(REGISTRAR'S SIGNATURE)

JUL 20 1942

695-220-066-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

74426

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 296

FULL NAME OF CHILD Unnamed Wieland

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fredrick G. Wieland	FULL MAIDEN NAME	Ida Lenkeit
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Dec 7 1919 Mrs Walter E Fabrie

Registrar

386-121-006-819

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RDA 3 St.

Hospital Name added 7/24/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74427

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 297

FULL NAME OF CHILD William Russell Thornton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 21 1919

FATHER		MOTHER	
FULL NAME	John Thornton	FULL MAIDEN NAME	Elizabeth Anna Harbaugh
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Dec 7 1919 Mrs Walter E. Fabric

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1981

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 74427
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Thornton (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 21, 1919 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	William Russell Thornton

Subscribed and sworn to before me this 10th day of July, 1981

Notary Public Neva N. Smith
Residing at Portland, Oregon
My commission expires Nov. 11, 1982
(Seal)

William Russell Thornton
Signature of Applicant

13375 NW Marshall, Portland, Oregon
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
___, _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

July 2, 1981 typed nc #8284

Certificate of Baptism and Confirmation gives name as William Russell Thornton son of John Thornton and Elizabeth Harbaugh born November 21, 1919 at Blackfoot Idaho and Baptized December 3, 1927, in L.D.S.Church
Viewed by V.S.

Certificate of Blessing gives name as William Russel Thornton son of John and Elizabeth A. Harbaugh born November 21, 1919 at Blackfoot, Idaho and blessed January 4, 1920, L.D.S.Church.
Viewed by V.S.

693-222-006-313

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. # 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74428

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 298

FULL NAME OF CHILD Clemmie Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 22 1919

FATHER		MOTHER	
FULL NAME	Peter J. Williams	FULL MAIDEN NAME	Elosia Call
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Dec 7 1919 M. Walter E. Fabrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1967

Amended 11-28-69 797-109 906-512

Form V. S. No. 11-C—2Rm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74429

County of Bingham

City of Blackfoot

No. Wapello St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No.

Registered No. 299

FULL NAME OF CHILD Burdette Nokes Pixton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		1st	Yes	Nov 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Pixton	FULL MAIDEN NAME	Matilda Nokes
RESIDENCE	[redacted]pello	RESIDENCE	Wapello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

M D (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Dec 7 1919 Wm Walter E. Pabrie Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...GIN RESERVED FOR BINDING

...AINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 1 9 1969

11-24-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Add to Original Certificate of Birth or Death

RECEIVED
NOV 28 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 74429

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John William Pixton (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1969 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	John William Pixton	Burdette Nokes Pixton
Date of birth	Nov. 1, 1969	Nov. 9, 1919

Subscribed and sworn to before me this 24th day of November, 1969.

Dexter L. Gardner

Notary Public, residing at Blackfoot.

My commission expires 10-1-72

(Seal)

X Signed Wayne W. Pixton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD#3 Box 11 Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

1 copy pd Rec. 11-19-69 lc

NOV 2 8 1969

Certificate of Baptism and Confirmation issued June 1923 by L.D.S. Church certifies that Burdette Nokes Pixton was born Nov. 9, 1919 in Bingham County, Idaho. Father William T. Pixton and mother Matilda Nokes.
Viewed by V.S.

Certificate of Blessing issued Jan 4, 1920 by L. D. S. Church gives name as Burdette Nokes Pixton son of William T. Pixton and Matilda Nokes born Nov. 9, 1919 in Bingham County, Idaho.
Viewed by V.S.

364-103-006-141

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Bet. Rivers St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No. 74430

Registered No. 300

FULL NAME OF CHILD Walter Coulbert

Sex of Child Male

Twin Triplet or other? V and Number in order of birth 2nd (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W. Coulbert	FULL MAIDEN NAME	Agnes Adams
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	England	BIRTHPLACE	Kansas
OCCUPATION	Cattleman	OCCUPATION	Housewife

Number of child of this mother, including present birth Two. Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Summons

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Dec 7 1919 Mrs Nates E. Cabrie

Registrar

366-229-006-613
Amended 5/30/79

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74431

County of Bingham

City of Blackfoot

No. 665 W. Bridge St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 301

FULL NAME OF CHILD Luella Cowdell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		X	Yes	Nov 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Cowdell	FULL MAIDEN NAME	Louise Walters
RESIDENCE	665 West Bridge Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Dec 7 1919 Mrs Walter E. Cabrie
Registrar

MARGIN RESERVED FOR BINDING
PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/31/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAY 11 8 52 AM '79

State of ..... } ss.
County of ..... }

Certificate No. 74431

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Thelma Cowdell (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1919 (Date of Event) in Blackfoot, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Thelma	Luella Cowdell
birth date	Nov. 27, 1919	Nov. 29, 1919

Subscribed and sworn to before me this 28th day of January, 1977

Glenda Weight

Notary Public, residing at 146 3rd Ave. #2

My commission expires June 6, 1978

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1270 Sandhill Rd. Orem, Ut 84057

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of January, 1977

Glenda Weight

Notary Public, residing at 146 3rd Ave. #2

My commission expires June 6, 1978

(Seal)

Signed Rosa J. Clawson

(Signature of Any Credible Person)

1429 E 3150 So. S. L. C. Ut

(Street Address, City, State)

Certif of Baptism and Confirmation from the LDS Church gives name as Luella Cowdell daughter of John Henry and Louisa Joyce Walters. nov 29, 191 at Blackfoot, Idaho. Baptized April 28, 1928. viewed by V. S.

MAY 30 1979

Membership record to the LDS Church gives name as Luella Peterson born Nov 28 29, 1919 at Blackfoot, Idaho. father's name as John Henry Cowdell mother's name as Louisa Joyce Walters. Baptixed April 28, 1928. viewed by V. S

313-227-006-363

(Be sure the information is complete and accurate)

Amended 5-29-74

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74432
Local Reg. No. 302
Reg. Dist. No. 2194

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wapello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wapello
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Annis
b. (Middle): L.
c. (Last): Call

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	November 27, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Elbert
b. (Middle): Vinson
c. (Last): Call

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
38 YEARS	Utah	Farmer	Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hannah
b. (Middle): Lucretia
c. (Last): Tolman

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
31 YEARS	Idaho	6	1	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. J. Simmons

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Blackfoot, Idaho

20. DATE SIGNED: December 7, 1919

21. DATE REC'D BY LOCAL REG.: Dec. 7, 1919

22. REGISTRAR'S SIGNATURE: Mrs. Walter Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?

METHOD OF DELIVERY

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

4-16-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 29 11 47 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74432

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Anna Call (Name on Original Certificate) who was born (Was Born or Died) on Nov. 26, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Place of birth	Blackfoot	Wapello
First name of child	Anna	Annis L.
Date of birth	Nov. 26, 1919	Nov. 27, 1919
Father's middle name	D.	Vinson

Subscribed and sworn to before me this 29th day of April, 1974
Florence Kortright
Notary Public, residing at Boise
My commission expires 4-20-78
(Seal)

Signed Emma M. McIntyre
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 *Mother's middle name L. Lucretia
Mother's first name Anna Hannah

Family Record, obviously old gives name as Annis L. Call born November 27, 1919 in Wapello, Bingham County, Idaho. Father Elbert Vinson Call and Mother Hanna Lucretia Tolman.
Viewed by V.S.

Notes taken 2 months before Hannah Tolman Call died in October 1960 states that in 1903 we moved to Riverside, Idaho a small town about five miles out of Blackfoot, Idaho. There we lived six years. While living here our house burned down burning everything. After this we moved to Wapello, where we lived for ten years. (This includes the date that Erma and Annis were born (1919).
Viewed by V.S.

1 x 2

Mrs Erma McIntyre
Rt 4 Caldwell 83605

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Wapello St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74432

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 302

FULL NAME OF CHILD Anna Call

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	8th	Yes	Nov 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elbert A. Call	FULL MAIDEN NAME	Anna L. Tolman
RESIDENCE	Wapello	RESIDENCE	Wapello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

MD

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Dec 7 1919 Mrs Nathan E. Patrick

Registrar

Registrar

ARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 0 1974

JUN 1 3 1974

399-227-006-299

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Porterville St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74433

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 303

FULL NAME OF CHILD Naomi Helen Criswell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		1st	Yes	Nov 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis Criswell	FULL MAIDEN NAME	Helen Briggs
RESIDENCE	Porterville	RESIDENCE	Porterville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Dec 7 1919 Mrs Hales E Cabrie

Registrar

...RGIN RESERVED FOR BINDING

...AINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-228-006-753

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. McDonaldville

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74434

Primary Registration District No. 2194 Registered No. 304

Hospital

FULL NAME OF CHILD Margaret Madsen

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	4		7	Yes	Nov 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Madsen	FULL MAIDEN NAME	Martha Peterson
RESIDENCE	McDonaldville	RESIDENCE	McDonaldville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Dec 7 1919 Wm Walter E. Babe
Registrar

ARGIN RESERVED FOR BINDING

LAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-104-006-496

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of 36 Miles West Blackfoot

Address (Farm) St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 74435

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 305

FULL NAME OF CHILD Assmann Delzer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	X	X	Yes	Nov 4 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Delzer	FULL MAIDEN NAME	Frieda Drefler
RESIDENCE	36 Miles west	RESIDENCE	36 M. West
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Dakota	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Keeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1.40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J B Davis M. D.

(Physician or midwife)

Address Blackfoot Ida

Filed Dec 10 19 17 Mrs Helen E. Paine Registrar

K

Certified copy issued October 28, 1940. L.W.

859-109-006-914

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Belfoot

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74436

Primary Registration District No. 2194 Registered No. 306

FULL NAME OF CHILD Unnamed Hermandy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Nov 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Yrenes Hermandy	FULL MAIDEN NAME	Acencion Ramirez
RESIDENCE	Belfft - Behind factory	RESIDENCE	Belfft - Behind factory
COLOR	Mexican	COLOR	Mex.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer (Beet)	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Belfft. Ida

Filed Dec 10 1919 Mrs Nalvis E. Tatrel

Registrar

Registrar

955-227-006-192

Amended 5-20-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74438
Local Reg. No. 308
Reg. Dist. No. 121

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot
d. STREET ADDRESS (If rural, give location): 183 N. Oak

3. CHILD'S NAME (Type or print)
a. (First): Katherine
b. (Middle): Q
c. (Last): Reesha

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 27, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Abraham
b. (Middle):
c. (Last): Reesha

8. AGE (At time of this birth): 38 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Syria

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Annie
b. (Middle):
c. (Last): Arkoosh

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Syria

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. B. Davis

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Blackfoot, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 10, 1919

22. REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

...the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 9 1965 Bureau of Vital Statistics

State of California
County of Los Angeles } ss.

Certificate No. 74438

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Reesha (female child) (Name on Original Certificate) was born (Was Born or Died) on Nov. 27, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Katherine Q Reesha
Full Maiden Name of Mother	Anna Arkooh	Annie Arkoosh

Subscribed and sworn to before me this 15th day of April, 1965.

Barbara Wallace

Notary Public, residing at North Hollywood

My commission expires My Commission Expires October 3, 1965.

(Seal)

Signed Annie Reesha

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

12721 Victory Blvd N. Holly. Cal

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 1965.

Notary Public, residing at Burbank, California

My commission expires August 18, 1967.

(Seal)

Signed Ole Jennich

(Signature of Any Credible Person)

2017-A Idaho Ave Santa Monica Calif.

(Street Address, City, State)

FORM DH 60-155 CL 3-29-65. one copy pd. rec. #9993.

Notification of Birth Registration, registrar's no. 15186, State of California, gives full name of child as Lee Ann Malouf, born April 20, 1955 at St. Vincent's Hospital to Edmond Malouf and Katherine Queen Reesha - viewed by V.S.

Copy of Grade Transcript, Orem High School, Orem, Utah, copy made May 10, 1965, by Registrar Fern T Byard - gives full name of student as Katherine Q. Reesha, born Nov. 28, 1919 - school years of 1933 - 1937 - viewed by V.S.

Bank Record, dated Oct 5, 1960, Bank of America, gives full maiden name of mother as Annie Arkoosh - viewed by V/S.

Affidavit from Lotelda K Reesha, dated April 26, 1965, notarized, states "I have known Annie Reesha for over forty (40) years and do hereby verify that her maiden name was Annie Arkoosh." - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Bekft

No. 183 N. Oak St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 74438

Primary Registration District No. 1007

Registered No. 308

FULL NAME OF CHILD Unnamed Reesha

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate	Date of Birth
F	X		X	yes	Nov 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Abraham Reesha	FULL MAIDEN NAME	Anna Arkoob
RESIDENCE	183 N. Oak Bekft	RESIDENCE	183 N. Oak Bekft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Syria	BIRTHPLACE	Syria
OCCUPATION	farmer	OCCUPATION	Hsewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Dec 10 1919 Mrs Nalen E. Patrick

Registrar

MAY 20 1965

843-117-006-862

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R. D. 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74439

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 309

FULL NAME OF CHILD Unnamed Hullowell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry C Hullowell	FULL MAIDEN NAME	Stella M Yohe
RESIDENCE	R.F.D. #3 Blackfoot Ida	RESIDENCE	Blackfoot #3
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed Dec 11 1919 Mrs Nalen E. Patrick

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-117-006-286

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121

File No. 74440

Primary Registration District No. 1007

Registered No. 310

FULL NAME OF CHILD Elmer Orion Bodeffer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer A Bodeffer	FULL MAIDEN NAME	Lottie Alfred Showalter
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hamplin M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Filed Dec 11 1919 Mrs Nellie E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869-229-006-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R D 63 St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74441

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 311

FULL NAME OF CHILD Norma Jorgensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Nov 29 1917

FATHER		MOTHER	
FULL NAME	John E Jorgensen	FULL MAIDEN NAME	Mary Ann McCracken
RESIDENCE	Blackfoot R F D #3	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hamplan M.D.

(Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

19

Registrar

Filed Dec 11 19 17 Mrs Hales E.C. Hales

Registrar

K

261-212
031-466
PLA[redacted]

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74442

County of [redacted]

City of Nezperce

Registration District No. 47

File No. 59

No. ..... St.

Primary Registration District No. .....

Registered No. 2124

Hospital .....

FULL NAME OF CHILD Marion Jenett Swartz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov-12-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John M. Schwartz	FULL MAIDEN NAME	Mary Downs
RESIDENCE	Nezperce Idaho	RESIDENCE	Nezperce Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Memphis Mo.	BIRTHPLACE	Canton Mo
OCCUPATION	Lobbon	OCCUPATION	

Number of child of this mother, including present birth 6 Lh

Number of children of this mother now living, including present birth 6 Lh

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gustavs

Nezperce Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Albert Huff
Registrar

Address .....

Filed Dec 10 1919

Albert Huff
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E OF BIRTH

253-212
020-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 74443

No. ____ St. Primary Registration District No. 2020 Registered No. 42

Hospital ____

FULL NAME OF CHILD Dolores Kelly

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	— (To be answered only in event of plural births)	—	yes	Nov. 12th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vernon E. Kelly	FULL MAIDEN NAME	Alice Katherine Hall
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Auto Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ____ at 3—15 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

(Signature) B. W. Mather

(Physician or ~~midwife~~)

Address Mountain Home

Filed 11/14 1919 B. W. Mather
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1943

261-214-020-556

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34

File No. 74444

Primary Registration District No. 2020

Registered No. 43

FULL NAME OF CHILD Hilda Maxie Swanson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	yes	Nov. 14th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hugo K. Swanson	FULL MAIDEN NAME	Flora A. Newell
RESIDENCE	Prairie	RESIDENCE	Prairie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	~~Sweden~~	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Hwife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7.50 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Mountain Home

Filed 11/15 1919 B. W. Mather

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

FEB 4 1944

199-106-020-114

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

74445

Registration District No. 34 File No. ____

Primary Registration District No. 2020 Registered No. 41

FULL NAME OF CHILD Jacinto Arrieta

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	yes	Sept. 6 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacinto Arrieta	Rosario Ajuria
RESIDENCE	Mountain Home	Mountain Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	28
BIRTHPLACE	Spain	Spain
OCCUPATION	Sheepman	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 5-30 A.M. on the date above stated.

(Signature) B. W. Mathey

(Physician or ~~midwife~~)

Address Mountain Home

Filed 11/15 1919 B. W. Mathey Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1914-210394

2 HAND WRITING

764-222.
020-431

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. ——— St.

Hospital ———

Registration District No. 34

Primary Registration District No. 2020

File No. 74446

Registered No. 44

FULL NAME OF CHILD Virginia Lucile Jane Goul

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Nov 22 1919

FATHER		MOTHER	
FULL NAME	J S Goul	FULL MAIDEN NAME	Lulu McAdams
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ohio
OCCUPATION	Deputy Co. Treasurer	OCCUPATION	Nurse

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J E Evans M.D.

(Physician or midwife)

Address Mtn Home Ida

Filed 12/10 19 19

B W Mather Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 25 1951

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

PLACE OF BIRTH

FULL NAME OF CHILD

Sex of Child

Twin or Triplet (or Quad. or Quint.)

Number in order of birth

Date of Birth

FATHER

MOTHER

RESIDENCE

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Form V. S. No. 11-O—Rev. 3-15-12

856-128-020-155

PLACE OF BIRTH name added 8/26/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34

Primary Registration District No. 2020

File No. 74447

Registered No. 45

FULL NAME OF CHILD Hewitt, Monte Thomas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	11 (Month) – 28 (Day) – 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. D Hewitt	FULL MAIDEN NAME	Lois N Avenh
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Wyoming
OCCUPATION	Farming	OCCUPATION	Hwife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 8:40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans

M D
(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Mtn Home Ida

Filed 12/10 1919 B W Mather
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1971

DECEASED

RECEIVED

AUG 18 1980

Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 74447

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hewitt (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 28, 1919 (Date of Event)

in Mountain Home (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Monte Thomas Hewitt
Year of birth	1919	1917 1919 M

Subscribed and sworn to before me this 15th day of August, 1980

Notary Public, Lynn Martin

Residing at Twin Falls

My commission expires 7-15-83

(Seal)

Monte T. Hewitt

Signature of Applicant

1414 E. MT. VIEW DR. E. SUMNER, WN

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Correction corresp. 12-31-79

Consent foe Enlistment into the U. S. Army gives birthdate as November 28, 1917, age 18 as of March 6, 1936. This consent was signed by William Drew Hewitt and Lois Hewitt, mother and father of Monte Thomas Hewitt. Signatures notorized and witnessed by Arthur A. Stevens and Esther Christison, Mountain Home, Idaho March 6, 1936. (Other military records also show this date) AUG 26 1980
Viewed by V.S.

Affidavit dated July 7, 1979, signed by mother gives name of son as Monte T. Hewitt, born at Mountain Home, Idaho on November 28, 1917.
Viewed by V.S.

259-126-034-253

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

74449

County of Minidoka

City of Paul — Registration District No. 19 — File No.

No. ____ St. — Primary Registration District No. 3015 — Registered No. 218

Hospital

FULL NAME OF CHILD Harry James Bernthal

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Feb 26 1919

FATHER

FULL NAME: Otto L. J. Bernthal

RESIDENCE: Paul

COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Serbin Texas Lee County

OCCUPATION:

MOTHER

FULL MAIDEN NAME: Christine Beck

RESIDENCE: Paul

COLOR: White — AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Cole Co, Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Adams M.D. (Physician or midwife)

Address Paul, Idaho

Given names added from a supplemental report. ____ 19____

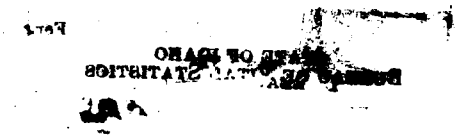
Registrar

Filed Nov 18 1919 E. E. Helmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



ALEP 62 1919-67002

168-128-034-395

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74450

County of Minidoka

City of Rupert Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 209

Hospital

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Nov 28 1919

FATHER	MOTHER
FULL NAME Arthur Johnson	FULL MAIDEN NAME Bertha Livingston
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8.30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Groom M D
(Physician or midwife)

Address Rupert, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Dec 1 1919 E. H. Fahmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-227-034-843

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74451

County of Minidoka

City of Rupert

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 220

Hospital

FULL NAME OF CHILD Jean Pringle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Pringle	FULL MAIDEN NAME	Grace Hutchins
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Groom

MD (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rupert Idaho

Filed Dec 1 1919 E H Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

231-128-034-255

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minedoka

City of Rupert

Registration District No. 19 File No. 74452

No. ..... St.

Primary Registration District No. 2015 Registered No. 722

Hospital .....

FULL NAME OF CHILD BLAIR KINYON BLACKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Nov 28 1919

FATHER

FULL NAME Wm L Blacker

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Wyoming

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Ella Kenyon

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Colorado

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 9 M. on the date above stated.

(Signature) C R Groom MD

(Physician or midwife)

Address Rupert, Idaho

Filed 11/26 1919 C H Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

NOV 19 19

432-205-034-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 74453

Primary Registration District No. 2015 Registered No. 223

FULL NAME OF CHILD Georgea Mabel McKenzie

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clinton W McKenzie	FULL MAIDEN NAME	Bessie Fite
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Tennessee
OCCUPATION	Carpenter	OCCUPATION	Hwf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Groom

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert, Idaho

Filed 12/10 1919 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-106-034-789

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74454

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 224

FULL NAME OF CHILD ROBERT PHIPPEN JENSEN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 6 1919

FATHER	MOTHER
FULL NAME Alvin H Jensen	FULL MAIDEN NAME Cora Phippin
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Real Estate Dealer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4.30 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr C P Groom
M. D.
(Physician or midwife)

Address Rupert Idaho

Filed Dec 10 1919 Etta Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

74454

State of California } ss.
County of Los Angeles. }

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Jensen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 6, 1919 (DATE OF EVENT)
in Rupert, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by baptismal certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Jensen	Robert Phippen Jensen

Subscribed and sworn to before me this 31st
day of January, 19 42.

Martha Knight

Notary Public, residing at Los Angeles, Calif.
My commission expires Feb. 10, 1943
(SEAL)

Signed Cora Jensen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

441 So. McBride, Los Angeles.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 9 1942 By
(REGISTRAR'S SIGNATURE)

FEB 13 1942

299-212-034 455

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74455

County of Minidoka

City of Rupert Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 225

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 12 1919

FATHER		MOTHER	
FULL NAME	Geo. I. Bird	FULL MAIDEN NAME	Anna Jensen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10. P M. on the date above stated.

(Signature) Dr. C. P. Groom

M. D.
(Physician or midwife)

Address Rupert Idaho

Filed Dec. 10 1919 Elt Elmore
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

183-210-057-453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert Registration District No. 19 File No. 74456

No. ____ St.

Primary Registration District No. 2215 Registered No. 217

Hospital ____

FULL NAME OF CHILD Virginia E. Aylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Nov 10 1919

FATHER		MOTHER	
FULL NAME	Andrew J. Aylor	FULL MAIDEN NAME	Nina Decker
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 9 M. on the date above stated.

(Signature) C. R. Groom

M.D. (Physician or midwife)

Address Rupert Idaho

Filed Nov 14 1919 E. A. Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1964

SEP 22 1944

JUN 29 1943

DECEASED

168-107-034-993

amended 4/23/81

Form V. ~~S. No.~~ 1-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74457

County of Minidoka

City of Rupert

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 216

Hospital

FULL NAME OF CHILD Carl Andrew Johannesen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Julius Johannesen	FULL MAIDEN NAME	Mary E Rice
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Groom

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Rupert Idaho

Registrar

Filed 4/14 1919 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
'81 9 17 AM

State of ..... } ss.
County of ..... }

Certificate No. 74457

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Carl Andrew Johanneson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 7, 1919 (Date of Event)

in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Johanneson	Johannesen
Father's Last Name	Johanneson	Johannesen

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Albany }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of February, 1981

Elinor H. Mullens

Notary Public, residing at Laramie, Wyoming
My commission expires June 27, 1983
(Seal)

Elinor H. Mullens — Notary Public — County of Albany — State of Wyoming — My Commission expires June 27, 1983

Signed Vernon Hitchcock
(Signature of Any Credible Person)

1807 Slade Laramie, Wyo
(Street Address, City, State)

FORM DH 60-155 CL 4-3-67 mm

Membership record from the LDS church gives name as Carl A. Johannesen bon July 7, 1919 in Rupert, Idaho. father's name as Julius Andrew Johannsen and mother's name as Mary Elizabeth. Baptized Sept 22, 1928 viewed by V. S.

School Census Marshall's report gives name as Carl Johannesen and appears as being the son of J. A. Johannesen for the school year 1926. viewed by V. S.

713 - 129 - 034 - 434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74458

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 213

FULL NAME OF CHILD PAUL EUGENE PATTERSON

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 29 1917

FATHER		MOTHER	
FULL NAME	Thomas B. Patterson	FULL MAIDEN NAME	Alice Mc. Dougle
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Manager Lumber Yard	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ethel Chance

M.D.
(Physician or midwife)

Address Rupert

Filed Dec. 9 1917 Ethel Chance
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Josephine } ss.

Certificate No. 74458

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Paul Eugene Patterson who (Was Born or Died) on (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Paul Eugene Patterson
name of mother	Alice McDougle	Alice McDougal

Subscribed and sworn to before me this 28 day of Feb, 1943.

Signed Thos B Patterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Wolf Creek Oregon
(Street Address, City, State)

My commission expires
(Seal) MY COMMISSION EXPIRES SEPT. 11, 1943

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Josephine } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of 28 Feb, 1943.

Signed Bert Wicker
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at WOLF CREEK OREGON
(Street Address, City, State)

My commission expires
(Seal) MY COMMISSION EXPIRES SEPT. 11, 1943

MAR 9 1942

844-101-034-419

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 74459

No. ..... St.

Primary Registration District No. 2015

Registered No. 214

Hospital .....

FULL NAME OF CHILD Ollie A. Humes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	11 / 1 / 1919

FATHER		MOTHER	
FULL NAME	Coy B Humes	FULL MAIDEN NAME	Edna F. Marrs
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:15 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Dec 10 1919 E H Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS AUG 12 1 03 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 74459

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Humes (male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 1, 1919 (Date of Event)

in Rupert, Idaho (Minidoka) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed OLLIE ARRIE	Ollie A Humes
	Ollie Arrie Humes	

Subscribed and sworn to before me this 9th day of August, 1977

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 45-300 Oasis St., Indio CA. 92201

My commission expires August 6, 1978

(Seal)

44343 BISKRA INDIO CA (Street Address, City, State)

OFFICIAL SEAL, 1977
PENNY M. ANGEL
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires Aug. 6, 1978

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed ..... (Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....

(Seal)

..... (Street Address, City, State)

FORM DH 60-155

CL 3/3/77

Honorable Discharge from the U.S. Army gives name as Ollie A. Humes born SEP 7 1977
Nov 1, 1919 in Rupert, Idaho. date of separation June 28, 1945. viewed by VS

Marriage license from Arizona gives name as Ollie A. Humes and Bobbie Young.
dated July13, 1947. viewed by V. S.

483 - 105 - 034 - 899

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74460

County of Minidoka

City of Rupert

Registration District No. 19

File No.

No. ..... St.

Primary Registration District No. 2015

Registered No. 213

Hospital

FULL NAME OF CHILD John Uhl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	11 5 1919

FATHER		MOTHER	
FULL NAME	Cris Uhl	FULL MAIDEN NAME	Louise Hirning
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12. Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kepagy

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rupert Ida

..... 19

Filed Dec. 12 1919 Ett Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 19[illegible]

219-113-034-294

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 74461

No. ..... St.

Primary Registration District No. 2015

Registered No. 211

Hospital .....

FULL NAME OF CHILD Ralph Shelby Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	11 13 1919

FATHER		MOTHER	
FULL NAME	H S Barnes	FULL MAIDEN NAME	Stella Timmers
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 10 1919 Ett Ehme

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Minidoka County School Record, 1931 through 1938, shows the information correct - viewed by V.S.

RECEIVED
JUN 19 1958

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Minidoka } ss.

Certificate No. 74461

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Barnes (Name on Original Certificate) who was born (Was Born or Died) on Nov 13, 1919 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card viewed by V.S. 519-10-1385 (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Barnes	Ralph Shelby Barnes

Subscribed and sworn to before me this 18 day of June, 19 58

Notary Public, residing at Rupert, Idaho
My commission expires Feb. 28, 1962
(Seal)

Signed Stella E. Barnes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Minidoka } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of June, 19 58

Notary Public, residing at Rupert, Idaho
My commission expires Feb. 28, 1962
(Seal)

Signed Helen Clark
(Signature of Any Credible Person)

Rupert Idaho
(Street Address, City, State)

FORM DPH 55.155

1 copy ns

JUL 9
MAR 1 1 1965

236-125-016-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

74462

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 210

FULL NAME OF CHILD JACK MARION STOM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	11 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Gus Stom	FULL MAIDEN NAME	Gay Bean
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert Ida.

Filed Dec. 10 1919 Ett Elmore

Registrar Registrar

STATE
BUREAU OF
CERTIFIED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. FEB 6 1942 Certificate No. 74462

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Jack Marion Stom (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on 11-25-1919 (DATE OF EVENT) in Deeds (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record & Ins. Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 11-30-1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Jack Marion Stom

Subscribed and sworn to before me this 30th day of Jan 1942

Signed Mrs J A Stom
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Twin Falls Idaho

My commission expires July 16, 1945
(SEAL)

Milner, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Twin Falls } ss.
County of Twin Falls

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of Jan 1942

Signed Mrs Harry H. Wallace
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Twin Falls Idaho

Box 184 Twin Falls, Ida
(STREET ADDRESS, CITY, STATE)

My commission expires July 16, 1945
(SEAL)

Received for filing on FEB 6 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 1942

168-230-034-366
Name added 5-6-81

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. F. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

74463

Registration District No. 19

File No. .....

Primary Registration District No. 20.13

Registered No. 209

FULL NAME OF CHILD Dorothy Elizabeth Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	11 30 1919

FATHER		MOTHER	
FULL NAME	N R Johnson	FULL MAIDEN NAME	Mary L Cook
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	N. C.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J B Kempton

..... (Physician or midwife)

Address Rupert

Filed Dec. 10 1919 Etta E Evans Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E OF IDAHO
VITAL STAT

5-4-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 6 1 13 PM '81

State of _____ } ss.
County of _____ }

Certificate No. 74463
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-30-19 (Date of Event)

in Rupert (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Dorothy Elizabeth Johnson

Subscribed and sworn to before me this 6th day of May, 1981.

Notary Public, Linda Pilant
Residing at Boise, Idaho
My commission expires 9-83
(Seal)

LINDA PILANT NOTARY PUBLIC STATE OF IDAHO

X Dorothy Loosle
Signature of Applicant

RT-8-Box 170 Caldwell, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Certificate of Baptism and Confirmation gives name as Dorothy Johnson, daughter of William and Mary S. Cook Johnson born November 30, 1919, at Rupert, Idaho, and Baptized Feb. 5, 1928, in L.D.S.Church
Viewed by V.S.

MAY 6 1981

Birth Certificate of child, Deborah Gay looslie gives name of mother as Dorothy Johnson Looslie born Rupert, Idaho November 30, 1919. Child born June 3, 1952, in Rupert, Idaho. Certificate issued by Christensen's Maternity Hospital.
Viewed by V.S.

239-116-034-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. 1.0. 11-3—25m-9-8-17

74464

Registration District No. 19

File No. .....

Primary Registration District No. 2015

Registered No. 208

FULL NAME OF CHILD Paul Edward Slimp

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Nov. 16 1919

FATHER

FULL NAME Jefferson Elliot Slimp

RESIDENCE Rupert Idaho

COLOR White

AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Elnora Indiana

OCCUPATION Minister

MOTHER

FULL MAIDEN NAME Grace Edith Benham

RESIDENCE Rupert Idaho

COLOR White

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Lyons Indiana

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Edw. Johnson

(Physician ~~or midwife~~)

Address Rupert Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 10 1919 E. A. Elmore

Registrar

766-203-042-443

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted] 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

74465

County of Twin Falls

City of Hansen Registration District No. 36 File No.

No. St.

Primary Registration District No. Registered No. 71

Hospital home

FULL NAME OF CHILD Marjorie Irene Goodnight

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 3, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest R. Goodnight	Dora Irene Mullins
RESIDENCE	Hansen, Ida.	Hansen, Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Colo.	Washington
OCCUPATION	Farmer	Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho.

Filed Nov. 12 1919 J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ACCI

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

30... OF HEALTH--BUREAU OF VITAL STATISTICS

4465

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Hansen

Street and House No.

County Twin Falls

Registered No. 71

Registration Dist. No. 36

Sex of Child Female

Date of Birth Nov. 3 1917
MONTH DAY YEAR

Father Ernest R. Goodnight
FULL NAME

Mother Flora Irene Mullins
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Marjorie Irene Goodnight
GIVEN NAME IN FULL SURNAME

as reported by Ernest R. Goodnight
FATHER OR MOTHER

J. M. Davis
LOCAL REGISTRAR

331-110-042-595

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 74466

County of Twin Falls

City of Murtaugh

Registration District No. 36

No. ..... St.

Primary Registration District No. ..... Registered No. 72

Hospital home

FULL NAME OF CHILD William Henry Clawson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov. 10 1919

FATHER	MOTHER
FULL NAME: Claus Christian Clawson	FULL MAIDEN NAME: Katie Nielson
RESIDENCE: Murtaugh, Idaho	RESIDENCE: Murtaugh, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: UTAH	BIRTHPLACE: Minn.
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

Physician
(Physician or midwife)

Address Kimberly, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Mar 20 1919 J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

5/19/41 L. B.

FORM V. S. NO. 27B. EM-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Mintaugh

Street and House No.

County Twin Falls

Registered No. 78

Registration Dist. No. 36

Sex of Child Male

Date of Birth Nov. (MONTH) 10 (DAY) 1919 (YEAR)

Father Claus C. Clausen (FULL NAME)

Mother Katie Neilson (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

William Henery Clausen (GIVEN NAME AND FULL SURNAME)

as reported by Claus C. Clausen (FATHER OR MOTHER)

J. N. Howes (LOCAL REGISTRAR)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 74466
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth [redacted])
for William Henry Clausen (Name on original certificate) who Nov. 1919 (Was born or died) on 10 (Date of event)
in Mustang Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "~~Birth date~~", "~~cause of death~~")	FROM (As on original)	TO (The correct facts)
	Clausen	Clawson

Subscribed and sworn to before me this 13 day of May, 1941

[signature]
Notary Public, residing at Mustang
My commission expires 2-6-1943
[SEAL]

Signed Katie Clawson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Mustang Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Twin Falls }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of May, 1941

[signature]
Notary Public, residing at Mustang Ida
My commission expires 2-6-1943
[SEAL]

Signed Odetta Stringer
(Signature of any credible person other than the previous affiant)
Mustang Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

K

396-112-042-815

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rock Creek

No. ..... St.

Hospital home

Registration District No. 36

File No. 74467

Primary Registration District No. .....

Registered No. 73

FULL NAME OF CHILD John Fredrick Crockett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 12, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George David Crockett	FULL MAIDEN NAME	Carrie Hansen
RESIDENCE	Rock Creek, Ida.	RESIDENCE	Rock Creek, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nev.	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kimberly, Idaho

Filed Nov 20 1919 J. N. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/7/81 L. E.

MAY 15 1952

266-213-042-235

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. ..... St.

Hospital home

Registration District No. 36

File No. 74468

Primary Registration District No. .....

Registered No. 74

FULL NAME OF CHILD Doris Lucile Bowman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	Nov. 13, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Lee Bowman	FULL MAIDEN NAME	Geldia Blanch Steelsmith
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	laborer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kimberly, Idaho

Filed Nov 22 1919 J. N. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 2 7 1941

FEB 1 7 1970

916-120-042-793

PLACE OF BIRTH

Form V. S. N— 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74469

County of Twin Falls

City of Murtaugh

Registration District No. 36 File No.

No. St.

Primary Registration District No. Registered No. 26

Hospital home

FULL NAME OF CHILD John Lewis Rawlings

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Nov. 20, 1919

FATHER		MOTHER	
FULL NAME	L. W. Rawlings	FULL MAIDEN NAME	Myrtle C. Pickett
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	merchant	OCCUPATION	Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

Physician
(Physician or midwife)

Address Kimberly, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Nov 28 19 19 J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 - 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 74469

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John Lewis Rawlings (Name on Original Certificate) who born (Was Born or Died) on November 20, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	John Lewis Rawlings

Subscribed and sworn to before me this 6th
day of October, 1942

G T Massey

Notary Public, residing at Nampa, Idaho

My commission expires March 9, 1945
(Seal)

Signed Lewis Rawlings Father.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

515 11th Ave. So., Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 12 1952

MAY 30 1973

OCT 8 19

154-226-042-764

amended 6/6/80

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

Hospital home

Registration District No. 36

Primary Registration District No. .....

File No. 74470

Registered No. 76

FULL NAME OF CHILD Marjorie Mae Anderson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Nov. 26 19 19

FATHER	MOTHER
FULL NAME: Warren Anderson	FULL MAIDEN NAME: Bessie Godfrey
RESIDENCE: Hansen, Idaho	RESIDENCE: Hansen, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8, A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 28 19 19

J M Davis
Registrar

OCT 14 1966

STATE OF CALIFORNIA
COUNTY OF Orange } SS.

On June 6, 1979, before me, the undersigned, a Notary Public in and for said State, personally appeared Josephine M. Hurt

known to me to be the person(s) whose name(s) is subscribed to the within Instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

(Seal)

OFFICIAL SEAL
MARIA LUBCZYNSKI
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY
My Commission Expires July 2, 1982

Maria Lubczynski
(Notary Public's Signature)

023200 12-76* 25 PS Individual Notarial Acknowledgment

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 74470
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Marjorie May Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 26, 1919 (Date of Event)

in Kimberly, Idaho (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
place of birth	Kimberly	~~Hansen~~
child's middle name	May	~~Mae~~

Subscribed and sworn to before me this 21st day of May, 1980

Notary Public, [signature]
Residing at Billings, MT
My commission expires 9/18/82
(Seal)

Marjorie Mae Anderson Dixon
Signature of Applicant
2312 Elizabeth Street
Street Address, City, State
Billings Montana 59102

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1979.

Notary Public Dawn L. Eacker
Residing at Twin Falls, Idaho
My commission expires Life
(Seal)

Josephine M. Hurt
1310 Knollwood 43-E Seal Beach Ca.
X Meeta Bansch
Supporting Signature
325 - 2nd St N #4
Street Address, City, State
Twin Falls, Idaho

CL 3/5/79 nm

Final Account of Executrix for Estate of Warren Anderson. name given as Marjorie Mae Dixon dated June 4, 1942 to June 12, 1943. ~~ix~~ viewed by V. S.

Patriarchal Blessing given to Marjorie Mae Anderson born Nov 26, 1919 in Hansen, Idaho mother's name as Bessie Evline Godfrey and father's nameas George Warren Anderson. dated Sept 2, 1934. viewed by V. S.

313-123-042-514

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Kimberly, Registration District No. 36 File No. 74471

No. ..... St. Primary Registration District No. ..... Registered No. 25

Hospital home

FULL NAME OF CHILD Calloway

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Nov. 23 19 19

FATHER		MOTHER	
FULL NAME	John Booker Calloway	FULL MAIDEN NAME	Ruth Caroline Vaughn
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 P. M. on the date above stated.

(Signature) J. M. Davis

Physician (Physician or midwife)

Address Kimberly, Idaho

Filed Nov. 28 19 19. J. M. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-210-042-319

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly — Registration District No. 36 — File No. 74472

No. ____ St. ____

Hospital home — Primary Registration District No. ____ — Registered No. 78

FULL NAME OF CHILD Edna La Verna Savage

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	11 10 1919

FATHER		MOTHER	
FULL NAME	John J Savage	FULL MAIDEN NAME	Edith Carlson
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at [illegible] P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) R Scudder

Physician (Physician or midwife)

Address Kimberly Ida

Filed Mar 20 1919 J M Davis

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

74477

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Kimberly

Street and House No.

County Twin Falls

Registered No. 28

Registration Dist. No. 86

Sex of Child Female

Date of Birth Nov (MONTH) 10 (DAY) 1914 (YEAR)

Father John J. Savage (FULL NAME)

Mother Edith Carlson (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Edna Lee Vernia Savage (GIVEN NAME IN FULL) (SURNAME)

as reported by John J. Savage (FATHER OR MOTHER)

Local Registrar of Vital Statistics (LOCAL REGISTRAR)

District No. 86, Kimberly, Twin Falls

KIMBERLY, IDAHO

APR 3 1942

391-214-042-844

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74473

County of Twin Falls

City of Kimberly

Registration District No. 36 File No.

No. St.

Primary Registration District No. Registered No. 79

Hospital home

FULL NAME OF CHILD Norma Maxine Crawford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.-	11 (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Glen L Crawford -	FULL MAIDEN NAME	Laura Huddy
RESIDENCE	Kimberly Ida.	RESIDENCE	Kimberly Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Missouri
OCCUPATION	Theatrical	OCCUPATION	Hawf.-

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Scudder

Physician (Physician or midwife)

Address Kimberly Ida

Given names added from a supplemental report.

19

Registrar

Filed Nov 20 1919 J. M. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1945

469-117-003-539

[redacted]—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74475

County of Bannock

City of McCammon

Registration District No. 84

File No. 53

No. R.F.D. St.

Primary Registration District No. 2161

Registered No. 2836

Hospital Home

FULL NAME OF CHILD Jen Eliason Morris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Porley M. Morris	FULL MAIDEN NAME	Sarah Eliason
RESIDENCE	McCammon Idaho	RESIDENCE	McCammon Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Portage, Utah	BIRTHPLACE	Rockland, Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 2:35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Hartigsen, M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon Id.

Registrar

Filed 12-1 1919 O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C 8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74476

County of Bannock

City of Pocatello

No. 318-213-003-912 St.

Registration District No. 84

File No. 53

Primary Registration District No. 2161

Registered No. 2837

Hospital

FULL NAME OF CHILD Ruth Luella Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 13th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford Herman Taylor	FULL MAIDEN NAME	Maud Luella Rasmussen
RESIDENCE	429 N. 7th	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Salt Lake City.	BIRTHPLACE	Salt Lake City.
OCCUPATION	Expressman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Nov 11, 1919 [signature]

Registrar

Registrar

NOV 12 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 74476

State of Utah } ss.
County of Salt Lake }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Ruth Luella Taylor (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 13, 1919 (DATE OF EVENT)
in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct. 5, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date	7/12/19	July 13, 1919

Subscribed and sworn to before me this 2nd
day of November, 19 42.
General J. Waters
Notary Public, residing at Salt Lake City, Utah
My commission expires 10/7/44
(SEAL)

Signed Maud Luella Taylor
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
764 West South Temple, Salt Lake City, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of November, 1942.
General J. Waters
Notary Public, residing at Salt Lake City, Utah
My commission expires October 7, 1944
(SEAL)

Signed Wilford Herman Taylor
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
764 West South Temple,
(STREET ADDRESS, CITY, STATE)
Salt Lake City, Utah.

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 30 1942

459-102-003-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 645 No. Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74477

Registration District No. 84 File No. 33

Primary Registration District No. 2161 Registered No. 2838

FULL NAME OF CHILD Wesley Fielding Merrill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alma Lowell Merrill	FULL MAIDEN NAME	Gladys Garr
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S M Kay

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello Idaho

Filed Nov 26 1919 P B Steele

Registrar

K

JAN 19 1953

DECEASED

753-122-003-893

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello Gen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74478

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2839

FULL NAME OF CHILD Richard Randall Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Sept 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luther Peterson	FULL MAIDEN NAME	Mary Hill
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Norway, Kan	BIRTHPLACE	Oregon
OCCUPATION	P.O. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 12 15 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F M Kay

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19.....

Filed Nov 26 1919 P B Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-126-003-415

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello General

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74479

Registration District No. 84

File No. 53

Primary Registration District No. 2161

Registered No. 2840

FULL NAME OF CHILD Edgar Ellis Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Ward Hall	FULL MAIDEN NAME	Mary Davis
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Olatha, Kansas	BIRTHPLACE	Paulina, Kan.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello Idaho

Filed Nov 26 1919 P. B. Greer Registrar

STATE OF IDAHO

294-102-003-962

PLACE OF BIRTH

Form V. S. No. 11-D—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74480

County of Bannock

City of Pocatello — Registration District No. 84 — File No. 53

No. ..... St. — Primary Registration District No. 2161 — Registered No. 2841

Hospital St Anthonys

FULL NAME OF CHILD James Lyle Simpson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 2 19

FATHER		MOTHER	
FULL NAME	Dana H. Simpson	FULL MAIDEN NAME	Vera Robinson
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Brown Co, Ills	BIRTHPLACE	Mt. Pleasant, Utah
OCCUPATION	Loco-Engr	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.20P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Physician (Physician or midwife)

Address Pocatello, Idaho

Filed Nov 2, 1917 — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

659-207-003-289

1. PLACE OF BIRTH — AMENDED CERTIFICATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. ____ St.
Potello General
(If born in hospital or institution give name.)

Registration District No. 84 State File No. 74481
Prim. Registration District No. 2161 Local Registrar's No. 2842

2. FULL NAME OF CHILD Kathryn Leola Ferris

3. Sex female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? yes | 8. Date of birth Oct. 7, 1919 (Month, Day, Year)

FATHER

9. Full name: William Ferris
10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Ida
11. Color or race ____ | 12. Age at last birthday ____ (years)
13. Birthplace (city or place) (State or Country): Indiana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Lela Shrack
19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Ida
20. Color or race ____ | 21. Age at last birthday ____ (years)
22. Birthplace (city or place) (State or Country): Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4:40 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John J. Roaf, M. D., M. D.
or ____, Midwife
Address Pocatello, Idaho

Give name added from a supplemental report ____ (Date of) ____

Filed Nov 20, 1919, 193... P. B. Seeley
Registrar.

Registrar.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss. DEC 13 1945

Certificate No. 74481
Date Filed Dec. 10, 1945

The undersigned does solemnly swear that certain facts on the certificate of Kathryn Leola Ferris (Birth or Death)
for Kathryn Leola "Feris" (Name on Original Certificate) who was born (Was Born or Died) on Oct. 7, 1919 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Christmas 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Kathryn Leola Feris	Kathryn Leola Ferris

Subscribed and sworn to before me this 10th
day of December, 1945.
Gertrude M. Channing
Notary Public, residing at Portland Oregon
My commission expires August 14, 1948
(Seal)

Signed Leola S. Ferris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of December, 1945.
Gertrude M. Channing
Notary Public, residing at Portland Oregon
My commission expires Aug. 14, 1948
(Seal)

Signed Will R Ferris
(Signature of Any Credible Person)
3905 E Burnside
(Street Address, City, State)
Portland, Ore.

OFC 1 2 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74481

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2842

FULL NAME OF CHILD Kathryn Leola Feris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William Feris	FULL MAIDEN NAME	Lela Shrack
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Realestate	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roaf MD
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19.....

Filed Nov 20 1919 P B Steele
Registrar

Registrar

416-107-003-753

Form V. S. No. 11-C—2Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74482

County of Bannock

City of Pocatello

Registration District No. 84

File No. 53

No. 104 Wayne Ave. St. Fairview Addition

Primary Registration District No. 2161

Registered No. 2843

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Elmer Dawson	FULL MAIDEN NAME	Louise Pellum
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Weston, Idaho	BIRTHPLACE	Preston, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S M Ray

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19.....

Filed Nov 26 1919 P B Steel

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-109-003-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Aramo

No. ..... St.

Hospital Home

Form V. S. No. 11-C-25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74483

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2844

FULL NAME OF CHILD James Chedgzey McMeil

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. K. McMeil	FULL MAIDEN NAME	Edith Chedgzey
RESIDENCE	Aramo, Idaho	RESIDENCE	Aramo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Raymond ~~M. Mex.~~ New Mex.	BIRTHPLACE	Plummer, Wyoming
OCCUPATION	Blacksmith & mechanic	OCCUPATION	House wife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon, Ida.

Registrar

Filed 12-1 1919 O. B. Steele

Registrar

MAR 1 6 1942

434-212-003-445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74484

County of Bannock

City of Pocatello — Registration District No. 34 — File No. 53

No. 820 No Harrison St. — Primary Registration District No. 2161 — Registered No. 2845

Hospital

FULL NAME OF CHILD Daisy Opal

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 12 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME: William H. McDonald	FULL MAIDEN NAME: Daisy Mundelin
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: W — AGE AT LAST BIRTHDAY: 42 (Years)	COLOR: W — AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Granite, Colo.
OCCUPATION: R.R.Mail Clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6th — Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 2 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-113-003-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74485
53

County of Bannock

City of Pocatello

Registration District No. 84

File No.

No. 1106 No. Harrison St.

Primary Registration District No. 2161

Registered No. 2846

Hospital

FULL NAME OF CHILD Clifford Lloyd Sutton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 13 9

FATHER	MOTHER
FULL NAME: Joseph Earl Sutton	FULL MAIDEN NAME: Florence Bailey
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Pocatello, Idaho	BIRTHPLACE: Ogden, Utah
OCCUPATION: Clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Nov 2 1917 [signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3115114

462-201-003-268

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74486

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2847

FULL NAME OF CHILD Baby Mosby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	Yes	9 - 1 - 1919

FATHER		MOTHER	
FULL NAME	Dell Ben Mosby	FULL MAIDEN NAME	Guy Boyle
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fr Roberts

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello

Registrar

Filed 12-1 1919 O B Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 6 1976

815-214-003-572

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 346 So. Grant St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74487

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2848

FULL NAME OF CHILD Dona Hancock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		Yes	10 (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Elijah Hancock	FULL MAIDEN NAME	Mildred Egbert
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Downey, Idaho	BIRTHPLACE	Perry, Idaho
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Nov 26 1919 O B Steely

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-221-003-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74488

County of Bannock

City of Pocatello

No. 218 So Hayes St.

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2849

Hospital

FULL NAME OF CHILD Richter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	✓		✓	yes	Oct 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Richter	FULL MAIDEN NAME	Alma C Bergstrom
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Canby Oregon	BIRTHPLACE	Cable, Ill
OCCUPATION	Auto mechanic	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born dead (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Nov 10, 1919 O B Steely

Registrar Registrar

Amended 12-8-60

PLACE OF BIRTH

381-123-003-415

County of Bannock

City of McCammon

No. ____ St.

Hospital At Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 7489

Primary Registration District No. 2161 Registered No. 2850

FULL NAME OF CHILD Orsen James Chandler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 23, 1919

What bacteriolidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Victor Chandler	FULL MAIDEN NAME	Agnes Luvera Davids
RESIDENCE	Inkom, Idaho	RESIDENCE	Inkom, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pocatello, Idaho	BIRTHPLACE	Syracuse, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) H. J. Hartvigsen

Physician
(Physician or midwife)

Address McCammon, Idaho

Filed 12-1-1919 O. B. Steely
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Bannock } ss.

Certificate No. 74489

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Orson James Chandler (Name on Originaf Certificate) who was born (Was Born or Died) on Oct. 23, 1919 (Date of Event)
in McCammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
First Name of Child	Orson	Orsen James Chandler

Subscribed and sworn to before me this 5 day of December, 19 60

Notary Public, residing at Pocatello, Idaho

My commission expires Sept. 1, 1961

(Seal)

Signed James V. Chandler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fakem Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

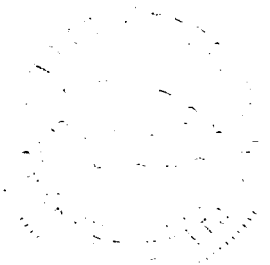
Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 10-3-60. one copy pd. receipt #07949.

National Council Boy Scouts of America Registration, Registered for the year ending March, 1934. #1408429 - gives full name as Orsen James Chandler - viewed by V.S.

Monthly School Report Card, for school year of 1929-1930, grade 5th, Buckskin School, school district 46, Bannock County, Idaho ,teach Tina J. Sexton, gives full name of student as Orsen Chandler, card has been dated May 15, 1930 - viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of McCammon,

No. ..... St.

~~Hospital~~ Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

74489

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2850

FULL NAME OF CHILD Orson James Chandler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Victor Chandler	FULL MAIDEN NAME	Agnes Savera Havids
RESIDENCE	Inkom Idaho	RESIDENCE	Inkom Ido
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pocatello	BIRTHPLACE	Syracuse Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon, Idaho

Filed 12-1 1919 O. B. Steer

Registrar

Registrar

DEC 8 1960

666-127-003-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **74490**

County of Bannock

City of Pocatello

Registration District No. 84 File No. 53

No. ..... St.

Primary Registration District No. 2161 Registered No. 2851

Hospital Pocatello General

FULL NAME OF CHILD Max E. Woodard

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 10 (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert Wm Woodard	FULL MAIDEN NAME	Mary Wilcox
RESIDENCE	Pocatello, Ida.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Montpelier, Ida
OCCUPATION	R.R. Freight Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

Filed Nov 26 1919 O B Steel

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/ 26/40 L.B.

SEP 2 2
JUL 15 1949
SEP 18 1941

614-228-003-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Ner 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St Anthony's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74491

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2852

FULL NAME OF CHILD ~~Florence Wade~~ Florence Delores Wade

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct ~~27~~ 28, 19 19

FATHER		MOTHER	
FULL NAME	Roy Wade	FULL MAIDEN NAME	Mabel Westrom
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Housewife	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roaf M.D. (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 20 1919 J B Reed Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 74491

State of ..... } ss.

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Florence Wade	Florence Delores Wade
birthdate	Oct. 27, 1919	Oct. 28, 1919

Subscribed and sworn to before me this 1st day of May 19 42.

F. J. Teasdale

Notary Public, residing at Salt Lake City, Utah

My commission expires July 22, 1944

(SEAL)

Signed Mrs Roy Wade

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1152 E. 4th South

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JUN 17 1976

466 - 128 - 003 - 493

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74492

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 84 — File No. 53

Primary Registration District No. 2161 — Registered No. 1853 2854

Hospital .....

FULL NAME OF CHILD No Name Raymond R. Moore

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Moore	Mae Miller
RESIDENCE	Pocatello	Pocatello
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	51	42
BIRTHPLACE	Michigan	Illinois
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Rae M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 20 1919

O W Steed
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1952

318-129-023-993 name amend 5-25-84 dl

PLACE OF ...RIA

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74493

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthonys

Registration District No. 84 File No. 53

Primary Registration District No. 21-61 Registered No. 2854

Gail Ritchie

FULL NAME OF CHILD ~~Anthony Doyle~~ Taylor

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin 1	Yes	October 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jedediah Taylor.	Margaret Ritchie.
RESIDENCE	Blackfoot, Idaho - R.F.D. #2	Blackfoot, Idaho. R.F.D. #2
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	41
BIRTHPLACE	Ogden, Utah.	Ogden, Utah.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) [illegible]

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Nov 11, 1919

[illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 01 2005

5-14-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 23 12 48 PM '84

State of Idaho
County of Bingham } ss.

Certificate No. 74493
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Anthony Doyle Taylor (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 29, 1919 (Date of Event)
in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Anthony Doyle Taylor	Gail Ritchie Taylor

Subscribed and sworn to before me this 16th day of May, 19 84.
Notary Public, Marie Tolley
Residing at Blackfoot, Idaho
My commission expires Life
(Seal)

X Gail Ritchie Taylor
Signature of Applicant
X RT #7 Box 386 Blackfoot Idaho 83221
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Bingham } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 19 84.
Notary Public, Marie Tolley
Residing at Blackfoot, Idaho
My commission expires Life
(Seal)

Owen A. Taylor
Supporting Signature
RT. 5 Box 3 Blackfoot Idaho
Street Address, City, State

K

4 cc pd

Application for Life Insurance from Pacific National Life Assurance Co. lists Gail Ritchie Taylor as proposed insured born 10-29-19 in Idaho. Dated Dec 3, 1931. Viewed by V.S.

Record of Blessing from LDS Church gives Gail Ritchie Taylor born Oct 29, 1919 in Pocatello, Idaho to Jedediah Taylor and Margaret Ritchie Taylor was blessed Nov 2, 1919. Viewed by V.S.

318-129-003-993

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74494

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony's

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2855

FULL NAME OF CHILD Dale Anthony Taylor

Sex of Child	Twin ~~Triplet or other~~?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	October 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jedediah Taylor.	FULL MAIDEN NAME	Margaret Ritchie.
RESIDENCE	Blackfoot, Idaho. R.F.D. #2	RESIDENCE	Blackfoot, Idaho - R.F.D. #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ogden, Utah.	BIRTHPLACE	Ogden, Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Nov 11, 1919 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-230-003-863

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74495

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2856

FULL NAME OF CHILD MILDRED ALENE PETERMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		Yes	10 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ernest V. Peterman	FULL MAIDEN NAME	Bertha Rose Holenberg
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 40 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19....

Filed Nov 21 1919 O B Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 74495

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Mildred Alene Peterman (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on October 30, 1919 (DATE OF EVENT)
in St. Anthony Hospital (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 30, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Peterman	Mildred Alene Peterman

Subscribed and sworn to before me this 28th day of January, 1942

Signed: Bertha R. Peterman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) Mother

Notary Public, residing at Monterey Park, Cal.

My commission expires Feb-4-1945

(SEAL) MY COMMISSION EXPIRES FEB. 4, 1945

214 East Newmark, Monterey Park, Cal.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of January, 1942

Signed: Henry W. Holmberg
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT)

Notary Public, residing at Monterey Park, Cal.

My commission expires Feb 4 1945

(SEAL) MY COMMISSION EXPIRES FEB. 4, 1945

528 Washington Ave El Monte Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 18 1942

339-101-003-953

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74496

County of Bannock

City of Pocatello

No. 715 W. Wyeth St.

Hospital Lynn Bros

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2857

FULL NAME OF CHILD Donald Raymond Clifford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Nov 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard R. Clifford	FULL MAIDEN NAME	Ryla McIntyre
RESIDENCE	715 W. Wyeth	RESIDENCE	715 W. Wyeth
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Sanantonia Texas	BIRTHPLACE	Alliance Neb.
OCCUPATION	Machinist	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Lynn

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho

19

Filed 12-1 1919 O. B. Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

YEAR: 1919

FILE # 74498

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1919-74498 A & B TWINS

259-203-003-119
N.C

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74498 A+B

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2859

FULL NAME OF CHILD Babes Bertot.

Sex of Child Both female

Twin Triplet or other? Twin and Number in order of birth #1 Girl #2 Girl (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 11 - 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raymond Bertot	FULL MAIDEN NAME	Helen Para
RESIDENCE	Pocatello	RESIDENCE	Pocatello.
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	France	BIRTHPLACE	France
OCCUPATION	Sheep-dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 12-1 1919 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

2-Twins A+B

259-203-003-119
N.C

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74498 A+B

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2859

FULL NAME OF CHILD Babes Bertot.

Sex of Child Both female

Twin Triplet or other? Twin and Number in order of birth #1 Girl #2 Girl (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 11 - 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raymond Bertot	FULL MAIDEN NAME	Helen Para
RESIDENCE	Pocatello	RESIDENCE	Pocatello.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	France	BIRTHPLACE	France
OCCUPATION	Sheep-dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 12-1 1919 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

2-Twins A+B

356-205-003-139

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74499

County of Bannock

City of Pocatello

No. 812 So. 5th St.

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2860

Hospital

FULL NAME OF CHILD DORCAS MIRIAM LEWIS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	Twin		1st.	Yes.	11 5 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Howard Lewis	FULL MAIDEN NAME	Matilda Atzbach
RESIDENCE	Pocatello, Ida.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Martins Ferry, Ohio	BIRTHPLACE	Cooper, Nebr.
OCCUPATION	Teacher, Ida Tech Inst.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Nov 26 1919 O B Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS 74477

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Skagit } ss.

Certificate No. ~~74500~~

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) Birth for Dorcas Miriam (Name on Original Certificate) who was born (Was Born or Died) on November 5 1919 (Date of Event) in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorcas Miriam Lewis
Which twin is Dorcas - 1st or 2nd? She was the first born.		Dorothy Mae Sheldon 15 months

Subscribed and sworn to before me this 13 day of June, 1942

Harold Gale Meyer

Notary Public, residing at Mount Vernon

My commission expires Mar 25, 1946

(Seal)

Signed Mrs. Mathilda C. Lewis mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mount Vernon Wash. 135 Cres-cent

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 16 1942

OCT 13 1942

356-205-003-139

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74500

County of Bannock

City of Pocatello

No. 812 So. 5th St.

Hospital .....

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2861

FULL NAME OF CHILD Died

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
X	Twin		2nd	Yes	11 5 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Howard Lewis	FULL MAIDEN NAME	Matilda Atzbach
RESIDENCE	Pocatello, Idaho.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Martins Ferry, Ohio	BIRTHPLACE	Cooper Nebr.
OCCUPATION	Teacher, Ida Tech. Inst.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Mary (Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19.....

Filed Nov 26 1919 O. B. Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

743-206-003-253

[redacted]

Form S. No. 11-C—25m-8-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 235 So. 5th St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74501

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2862

FULL NAME OF CHILD Guthrie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes	Nov 6 1919

	FATHER	MOTHER
FULL NAME	Clifford Guthrie	FULL MAIDEN NAME Lena F. Kelley
RESIDENCE	Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Lincoln Nebr.	BIRTHPLACE Afton I. T.
OCCUPATION	Teamster	OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Steele

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Nov 10, 1919 T. B. Steele

Registrar

144-108-003-143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 715 N Grant St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74502

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2863

FULL NAME OF CHILD Leonard Chauncy Judkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo. N Judkins	FULL MAIDEN NAME	Tyrene Juchau
RESIDENCE	~~Idaho~~ 715 N Grant	RESIDENCE	715 N Grant
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James N Young

Physician (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

19

Registrar

Filed 12-1 1919 O B Seely Registrar

132-109-003-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74503

County of Bannock

City of Pocatello Registration District No. 84 File No. 53

No. ..... St. Primary Registration District No. 2161 Registered No. 2864

Hospital Pocatello General

FULL NAME OF CHILD Wayne Atkinson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Nov 9 1919

FATHER		MOTHER	
FULL NAME	John Atkinson	FULL MAIDEN NAME	Catherine Miller
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 12 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. May (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Pocatello Idaho

Filed Nov 26 1919 A. D. Steed Registrar

469-111-003-643

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74504

County of Bannock

City of Pocatello

Registration District No. 84 File No. 53

No. ..... St.

Primary Registration District No. 2161 Registered No. 2865

Hospital Pocatello General

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	11 11 1919

FATHER		MOTHER	
FULL NAME	Geo. Lester Morgan	FULL MAIDEN NAME	Maud Outhout
RESIDENCE	Pocatello, Ida.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Georgia	BIRTHPLACE	Maryland
OCCUPATION	Grocer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 30 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ray (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19.....

Filed Nov 26 1919 P B Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-218-003-169

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74505

County of Bannock

City of Pocatello

No. 354 So. Grant St.

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2866

Hospital

FULL NAME OF CHILD Babe Hancock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	-		-	Yes	11-18-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nahum Hancock	FULL MAIDEN NAME	Anna Jorgensen
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.

(Born ~~alive or~~ stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Roberts

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello

19

Filed 12-1 1919 O B Steed

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-111-003-491

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 827 So. 10th St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 84 File No. 74506

Primary Registration District No. 2161 Registered No. 2867

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	C	and	6	yes	Nov 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William E. Marshall	FULL MAIDEN NAME	Mabel Dial
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Poughkeepsie N Y.	BIRTHPLACE	Carthage Mo
OCCUPATION	Contractor	OCCUPATION	housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steers

(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Nov 13 1919 O B Steers

Registrar

713-113-003-659

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74507

County of Bannock

City of Pocatello

No 255 So 3 St.

Hospital no

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2868

FULL NAME OF CHILD William Aurthur Gathe

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Legitimate | Date of Birth Nov 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William F Gathe	FULL MAIDEN NAME	Audrey Irene Werden
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Kalamazoo Mich
OCCUPATION	Jeweler	OCCUPATION	Hous Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean. Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Registrar

Filed Nov 19 1919 P B Steele

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

842-213-003-129

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1134 So 5th St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 74508

Registration District No. 84 File No. 53

Primary Registration District No. 2161 Registered No. 2869

FULL NAME OF CHILD Hubbell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	13 Nov 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jerome Eugene Hubbell	Grace Almeda Akins
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Texas Co Mo	Butler Co. Kans.
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth .... 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 15 1919

O. B. Steely

Registrar

395-214-003-713

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74509

County of Bannock

City of Pocatello

Registration District No. 84 File No. 53

No. ..... St.

Primary Registration District No. 2161 Registered No. 2870

Hospital St. Anthony

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
✓		yes	11 14 1919

FATHER		MOTHER	
FULL NAME	James Livingston	FULL MAIDEN NAME	Nancy Ellen Palmer
RESIDENCE	Pocatello Thomas, Ida	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Randolph, Utah	BIRTHPLACE	Oxford, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kay

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19 .....

Filed Nov 26 1919 O. V. O. Reed

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMA[illegible] RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 141-216-003-432

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74510

County of Bannock

City of Pocatello

No. 1621 Taft Ave St.

Hospital Lynn Bros

Registration District No. 84

File No. 53

Primary Registration District No. 2161

Registered No. 2871

FULL NAME OF CHILD Virginia May Adams

Sex of Child F.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov. 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Maryan F. Adams	FULL MAIDEN NAME	Ida May McKinley
RESIDENCE	1621 Taft Ave	RESIDENCE	1621 Taft Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. W. Lynn

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed Nov 23 1919 O B Steele

Registrar

Registrar

JUN 23 1952

MAY 2 0 1991

855-117-003-814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Bannock

City of

No. ____ St.

Tyhee P.O.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 74511

Registration District No. 84 File No. 53

Primary Registration District No. 216 Registered No. 2872

FULL NAME OF CHILD Richard Hammett Heel

Sex of Child: Male | Twin, Triplet or other? — (To be answered only in event of plural births) | and Number in order of birth — | Legitimate? yes | Date of birth: Nov. (Month) 17 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Charles William Heel	FULL MAIDEN NAME: Ruth Lillian Hammett
RESIDENCE: Tyhee P.O. Idaho	RESIDENCE: Tyhee P.O. Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Cairo City, Kansas	BIRTHPLACE: Clifton Hill, Missouri
OCCUPATION: Locomotive fireman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.15 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Henry R Wheeler

Physician
(Physician or Midwife)

Address Fort Hall, Idaho

Filed Nov 21, 19 19 O D Steely
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAY 8 1940

JUN 3 1942

255-117-003-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74512

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 84

File No. 54

Primary Registration District No. 2161

Registered No. 2873

FULL NAME OF CHILD ~~[illegible]~~ Keith Elliott MacKenzie.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	11-17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrence MacKenzie	FULL MAIDEN NAME	Alice Wentoby
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	England.
OCCUPATION	Garage mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Roberts

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Filed 11-20 1919

O B Steele
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 0 1975

MAY 1 1 1942

DECEASED

519-230-003-547

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74514

County of Bannock

City of Pocatello

No. 630 W. Clark St.

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2875

Hospital

FULL NAME OF CHILD Mabel June Varley

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct. 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank M. Varley	FULL MAIDEN NAME	Mabel A. Edgar
RESIDENCE	630 W. Clark St Pocatello	RESIDENCE	630 W. Clark St Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	R. R. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Riley M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Church & White B. Pocatello

Filed Nov 30, 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-112-003-142

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74515

County of Bannock

City of Pocatello

No. 311 S. 11th St.

Hospital

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2876

FULL NAME OF CHILD Ivan LaVerne Guile

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Samuel H. Guile	FULL MAIDEN NAME	Nellie Justice
RESIDENCE	311 S 11th St Pocatello	RESIDENCE	311 S 11th St. Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill	BIRTHPLACE	Ky
OCCUPATION	R.R. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Riley M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Church White B Pocatello

Filed Nov 30 1919 O B Steel Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1933

DEC 17 1948

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-113-003-251

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74516

County of Bannock

City of Pocatello

No. 172 Wilson St.

Registration District No. 84 File No. 54

Primary Registration District No. 216 Registered No. 2877

Hospital

FULL NAME OF CHILD CLINTON RAYMOND Jacobsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov. 13 1917

	FATHER	MOTHER
FULL NAME	Jacob Jacobsen	FULL MAIDEN NAME Leatha Blair
RESIDENCE	172 Wilson N. Pocatello	RESIDENCE 172 Wilson N. Pocatello
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE Wash.
OCCUPATION	Boiler-maker	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Riley M. D.

(Physician ~~or midwife~~)

Address Church & White Bldg Pocatello

Given names added from a supplemental report.

19

Registrar

Filed Nov 20 1917

J. B. Steed
Registrar

STATE OF IDAHO

~~DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS~~

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Franklin }

Certificate No. 74516

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Clinton Raymond Jacobsen (Name on original certificate) who was born (Was born or died) on November 13, 1919 (Date of event)
in Pocatello, Bannock Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Ins Policy No 3522102 (Bible record, insurance policy, etc.) prepared on August 28 1933 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Jacobson	Jacobsen
Name	Unnamed	Clinton Raymond

Subscribed and sworn to before me this 8 th
day of November, 1933
Edward A. Barr, Court Commissioner
~~Notary Public~~, residing at Parco
My commission expires at will of Supreme Court
[SEAL]

Signed Jacob Jacobsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By

689 - 214 - 003 - 055

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74517

County of Bannock

City of Pocatello

Registration District No. 84 File No. 54

No. 215 N. Main St.

Primary Registration District No. 2161 Registered No. 2878

Hospital

FULL NAME OF CHILD Whitaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	Nov	14	1919

FATHER		MOTHER	
FULL NAME	David Whitaker	FULL MAIDEN NAME	Irene Neeley
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was yes (Born alive or ~~stillborn~~), at 11 P. M. on the date above stated.

(Signature) E. A. Riley M. D.

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Nov 20, 1919 O. B. Neely Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-218-003-652

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 435 So Hayes St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74518

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2879

FULL NAME OF CHILD Katherine McGee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Marion McGee	FULL MAIDEN NAME	Katherine Love Westfall
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Colorado
OCCUPATION	Boilmaker	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address 525 W Hayden Pocatello Idaho

Filed Nov 25 1919 O B Steely Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-118-003-242

name added 3/27/81

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74519

County of Bannock

City of Pocatello

No. 536 W. Lewis St.

Hospital General

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2880

FULL NAME OF CHILD Leonard Stanley Thoelecke

Sex of Child Male ~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Nov (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Stanley Hartman Thoelecke	FULL MAIDEN NAME	Louise Gertrude Kubiak
RESIDENCE	536 W. Lewis Pocatello Ida.	RESIDENCE	536 W. Lewis Pocatello, Idaho.
COLOR	W.	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Pocatello, Idaho.
OCCUPATION	Acetylene welder	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address 525 W. Hayden Pocatello Idaho

Filed Nov 25, 1919 J. B. Steele Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUL 8 15 AM '91

State of CALIFORNIA
County of MARIN } ss.

Certificate No. 74519
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Thoelecke (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 18, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs NAME	Unnamed Thoelecke	Leonard Stanley Thoelecke

Subscribed and sworn to before me this 6th day of MARCH, 19 81

Notary Public, Laura D. Sims
Residing at 305 San Anselmo Ave. San Anselmo, Ca.
My commission expires October 14, 1983

OFFICIAL SEAL
LAURA D. SIMS
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
MARIN COUNTY
(Seal)
MY COMMISSION EXPIRES OCT. 14, 1983

Carl George Thoelecke
Signature of Applicant
25 Alta Mira, Kentfield CA 94904
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2/12/81 Rush, 10 certificates

Certif of Baptism from the Roman Catholic Church , St. Joseph's Catholic Church Pocatello, Idaho gives name as Leonard Stanley Thoelecke son of Stanley H. Thoelecke and Louise Kubiak. born Nov 18, 1919 at Pocatello, Idaho and Baptized Feb 22, 1920. viewed by V. S.

MAR 27 1981

Diploma of Graduation from the 8th Grade in Marin County, Calif gives name as Leonard Thoelecke. fromt he Larkspur Elementary School Dist. dated June 2, 1934. viewed by V. S.

895-219-003-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m 9-2-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 74521

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2882

FULL NAME OF CHILD Margaret Ann Hinckley Babe Hinckley

Sex of Child F. | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) - 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Nearle Hinckley	FULL MAIDEN NAME	Mary Riley
RESIDENCE	Lima, Mont.	RESIDENCE	Lima, Mont.
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Freeley Colo.	BIRTHPLACE	Pocatello Ida.
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Registrar

Filed 12-1 1919 O B Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74521

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hinckley (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1919 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Margaret Ann Hinckley

Subscribed and sworn to before me this 29 day of September, 19 66.

I Hazel S. Hurlbert

Notary Public, residing at Soda Springs Idaho

My commission expires Sept. 28, 1968.

(Seal)

Signed Michael J. DeHate

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1116 E Fremont Poca. IDAHO 83201

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

in office 9-29-66.

Certificate of Baptism, St. Joseph's Catholic Church, Pocatello, Idaho, baptized Jan. 4, 1920 gives full name of child as Margaret Ann Hinckley, born Nov. 19, 1919 at Pocatello, Idaho to Mearl Hinckley and Mary Reilly - viewed by V.S.

State of Utah, Department of Business Regulation, Registration Division, License No. 3073, year of 1954, Registrered Nurse - gives full name as Margaret Anne Hinckley Ensign - viewed by V.S.

SEP 30 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 453-219-003-249

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74522

County of Bannock

City of Pocatello

No. 937 N. Garfield St.

Hospital Lyman Bros. Hosp.

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2883

FULL NAME OF CHILD Fern Eunace Decker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Nov. 19 - 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Winford E. Decker	FULL MAIDEN NAME	Christine Smith
RESIDENCE	937 N. Garfield	RESIDENCE	937 N Garfield
COLOR	White AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	R. R. Mail Clk.	OCCUPATION	Housewife

Number of child of this mother, including present birth ... Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lyman

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Nov 23 1919

Registrar

P. B. Steele
Registrar

JUN 2 ~ 14

546-119-003-495

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74523

County of Bannock

City of Pocatello

No. 633 No Grant St.

Hospital .....

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2884

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	11 (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Clyde Edwards	FULL MAIDEN NAME	Amelia Dietrich
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mary (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Registrar

Filed Mar 26 1919 O B Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1969

343-121-003-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.- In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 646 N. Hayes St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74524

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2885

FULL NAME OF CHILD Cullen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓	✓	Yes	Nov 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Francis Cullen	Bottilla Thomassen
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	45
BIRTHPLACE	Grafton Wis	Richmond Utah
OCCUPATION	Bridge foreman R R	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Nov 21 1919

C B Steely

Registrar

154-223-003-331

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 806 So. 4th St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74526

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2887

FULL NAME OF CHILD FAYE CONSTANCE ANDERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
X		Yes	11 23 1919

FATHER		MOTHER	
FULL NAME	Austin H. Anderson	FULL MAIDEN NAME	Hazel Clawson
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Farmington, Utah
OCCUPATION	Sailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19....

Filed Nov 26 1919 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 42- 74526

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

for Faye Constance Anderson (Name on Original Certificate) who was born (Was Born or Died) on Nov 23, 1919 (Birth or Death) (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Child's Birth Certificate, State File No. 49-6581 (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Faye Constance Anderson

Subscribed and sworn to before me this 21st day of October, 1954

W. W. Brown
Notary Public, residing at Boise
My commission expires July 31, 1958
(Seal)

Signed Faye Constance Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

734 Birch
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

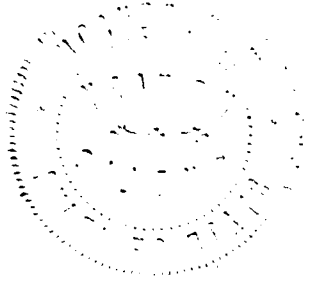
Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

OCT 2 2 1954



719-226-003-695

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Bannock

City of Springfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74527

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2888

FULL NAME OF CHILD Jeanette Parmelee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	11 26 1919

FATHER		MOTHER	
FULL NAME	Bruce M Parmelee	FULL MAIDEN NAME	Davie Winsted
RESIDENCE	Springfield	RESIDENCE	Springfield
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ohio	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James N Young

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed 12-1 1919 O B [illegible]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1952

695-112-003-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74528

County of Bannock

City of Pocatello

No. 1555 Taft Ave St.

Hospital Ly Mr Bro

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2889

FULL NAME OF CHILD Earl French Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes.	Nov. 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl A French	FULL MAIDEN NAME	Alva Campbell
RESIDENCE	1555 Taft Ave	RESIDENCE	1555 Taft Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Agustus Kans.	BIRTHPLACE	Soda Springs Idaho
OCCUPATION	Grocery Delivery	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. & J. H. Lynn

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Nov 15 1919 C. B. Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

547-118-003-35-6

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74529

County of Bannock

City of Pocatello

Registration District No. 84 File No. 54

No. ..... St.

Primary Registration District No. 2161 Registered No. 2890

Hospital St Anthony

FULL NAME OF CHILD Robert Nugent

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. L. Nugent	FULL MAIDEN NAME	Iva Lewis
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9.45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J Roof M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Filed Dec 2, 1919 O B Leeds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

249-227-003-683

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74530

County of Bannock

City of Pocatello Registration District No. 84 File No. 54

No. 932 W. Young; Primary Registration District No. 2161 Registered No. 2891

Hospital Lynn Bros.

FULL NAME OF CHILD Verna Louise Smith

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		1	Yes.	11 27 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl W. Smith	Ida Ohlhausen
RESIDENCE	932 W. Young	932 W. Young.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Texas	Texas
OCCUPATION	Machinest	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 a. m. on the date above stated.
(Born alive or stillborn)

(Signature) J. H. Lynn

(Physician or midwife)

Address Pocatello Idaho

Filed Nov 30 1919 O. B. Steele
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

743-227-063-993

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello Gen

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74531

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2892

FULL NAME OF CHILD MAXINE BERYL PULLIAM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	11 27 19

FATHER		MOTHER	
FULL NAME	James M Pulliam	FULL MAIDEN NAME	Agnes Riley
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Sheridan Iowa	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

(Physician or Midwife)

Address Pocatello

Filed Dec 1 1919

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado } ss.
County of Boulder }

Certificate No. 74531

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Maxine Beryl Pulliam (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 27, 1919 (DATE OF EVENT) in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct. 1, 1940 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamaed	Maxine Beryl Pulliam

Subscribed and sworn to before me this 25th day of January, 19 43

Signed James Martin Pulliam
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

J. Peyton
J. PEYTON, Boulder County, Colo.

Notary Public, residing at Boulder, Colo.

My commission expires Nov. 4, 1944

1304 Pine, Boulder, Colorado
(STREET ADDRESS, CITY, STATE)

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Boulder }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of January, 19 43

Signed Anna Riley
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

J. Peyton
J. PEYTON, Notary Public, Boulder County, Colo.

Notary Public, residing at Boulder, Colo.

My commission expires Nov. 4, 1944

1530 Pine, Boulder, Colorado
(STREET ADDRESS, CITY, STATE)

(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

SEP 19 1966

JAN 27 1943

895-228-003-316

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74532

County of Bannock

City of Pocatello

Registration District No. 84 File No. 54

No. 930 S Main St.

Primary Registration District No. 2161 Registered No. 2893

Hospital

FULL NAME OF CHILD Ethel Mae Yielding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Nov 28 1919

FATHER	MOTHER
FULL NAME: John Yielding	FULL MAIDEN NAME: Emma Lawson
RESIDENCE: Pocatello Idaho	RESIDENCE: Pocatello Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Marion Co Ala.	BIRTHPLACE: Lee Co. Miss
OCCUPATION: Freight handler	OCCUPATION: housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec 1, 1919 O B Steely

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Boise }

Certificate No. 74532

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Ethel Mae Yielding (Birth or Death) for Ethel Mae Yielding (Name on Original Certificate) who November (Was Born or Died) on 28th 1919 (Date of Event) in Pokettello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Pokettleo record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ethel Mae Yielding

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs. John Yielding
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Mississippi } ss.
County of Grenada }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of March, 1944

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs. Amanda Nizzalo
(Signature of Any Credible Person Other Than Previous Year)

12531 St North Seattle, Washington

Meninera Wigginton
(Street Address, City, State)

38 So 13 East Salt Lake City Utah

MAR 16 1944

213-230-003-859

Form V. S. No. 11 C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1520 Roosevelt St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74533

Registration District No. 84 File No. 54

Primary Registration District No. 216 Registered No. 2894

FULL NAME OF CHILD JOSEPHINE FRANCES HELEN Bacon BACON

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—		—	Yes	Nov 30 1919

FATHER	MOTHER
FULL NAME Edward J. Bacon	FULL MAIDEN NAME Ina M. Hutchinson
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Ft Scott Kans	BIRTHPLACE Belt Mont.
OCCUPATION Acetylene Welder	OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a M. on the date above stated.

(Signature) J B Steely

(Physician or midwife)

Address Pocatello, Idaho

Filed Nov 30, 1919 J B Steely Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

SEP 16 1945 STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA
County of Los Angeles } ss.

Certificate No. 74533

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Josephine Frances Helen Bacon (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by Record on Marriage Certificate (Bible Record, Insurance Policy, Etc.) prepared on Nov. 30, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Please give full name here to be placed on certificate Josephine Frances Helen Bacon

Subscribed and sworn to before me this 14th day of February, 1945

Marie A. Venable
Notary Public, residing at Los Angeles, Cal.
My commission expires Feb. 11, 1947
(Seal)

Signed Mrs. Joseph C. Bacon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
200 East 107th St L.A. 3
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of Los Angeles } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of February, 1945

Marie A. Venable
Notary Public, residing at Los Angeles, Cal.
My commission expires Feb. 11, 1947
(Seal)

Signed Mrs Ethel Bacon
(Signature of Any Credible Person)

(Street Address, City, State)
140 W 48th L.A. Cal.

FEB 22 1945

FEB 22 1945

295-104-003-258

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74535

County of Bannock

City of Pocatello

No. 309 No. Main St.

Hospital

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2896

FULL NAME OF CHILD Kreb, Frederick, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
male	5 (To be answered only in event of plural births)	yes	Nov. 4 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Fred Kreb	FULL MAIDEN NAME: Anna Snyder
RESIDENCE: 309 No. Main	RESIDENCE: 309 No. Main
COLOR: white AGE AT LAST BIRTHDAY 32 (Years)	COLOR: white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Russia
OCCUPATION: Boiler Maker helper	OCCUPATION: Hswf.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard MD
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho.

19

Registrar

Filed 12-2 1919 [signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Montana } ss.
County of Yellowstone }

Certificate No. 74535

SEP 2 1941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Nov. 4 - 1919 (Birth or death) for Frederick Kreb Jr. (Name on original certificate) who was born (Was born or died) on Nov. 4 - 1919 (Date of event) in Roseville Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptism record (Bible record, insurance policy, etc.) prepared on X July 30 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Krab	Frederick Kreb, Jr.

Subscribed and sworn to before me this 27 day of August 1941

W. E. Eddleman

Notary Public, residing at Huntley Mont

My commission expires June 22-1944

[SEAL]

Signed +
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Huntley Montana
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Montana } ss.
County of Yellowstone }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of August 1941

W. E. Eddleman

Notary Public, residing at Huntley Mont

My commission expires June 22-1944

[SEAL]

Signed Fred Kreb
(Signature of any credible person other than the previous affiant)

Huntley Montana
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

113-206-003-414

PLACE OF BIRTH

[redacted]

Form V S. No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74536

County of Bannock

City of Pocatello

Registration District No. 84

File No. 54

No. 220 So. Main St.

Primary Registration District No. 2161

Registered No. 2897

Hospital

FULL NAME OF CHILD Katheryn Patterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 6 1919

FATHER	MOTHER
FULL NAME: Robert M Patterson	FULL MAIDEN NAME: Rhoda Maughn
RESIDENCE: 220 So. Maine	RESIDENCE: 220 So. Main
COLOR: white — AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Red Lodge, Mont.	BIRTHPLACE: Weston Idaho.
OCCUPATION: Mining Contractor	OCCUPATION: Hswf.

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 5:05 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Idaho

Filed 12-4 19 19

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-220-003-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted] V. S. No. 11 Q. 8-8-17

[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74537

County of Bannock

City of Pocatello

No. 720 N. Arthur St.

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2898

Hospital

FULL NAME OF CHILD Helen Margery Peck

Sex of Child	Twin or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	other	and	Yes	Nov 20 1917

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Vernon Cook Peck	FULL MAIDEN NAME Margery Chapman
RESIDENCE 720 N. Arthur.	RESIDENCE 720 N. Arthur.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Americus, Kansas.	BIRTHPLACE Pocatello, Ida
OCCUPATION Machinest	OCCUPATION House-wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 8 1917

[signature]
Registrar

NOV 8 1943

DECEASED

367-226-003-155

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74538

County of Bannock

City of Pocatello

No. 937 N. Art St.

Registration District No. 84

File No. 54

Primary Registration District No. 2161

Registered No. 2899

Hospital

FULL NAME OF CHILD Lona Elizebeth Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Cox	FULL MAIDEN NAME	Betty Jensen
RESIDENCE	937 N. Art	RESIDENCE	937 N. Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Auckland, New Zealand	BIRTHPLACE	Logan Utah
OCCUPATION	O S L. Conductor	OCCUPATION	Hswf.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Pocatello, Idaho

19

Filed Dec 8, 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1950

814-229-003-319

Form V. S. No. 11-C—Rev. 6-6-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 7455

County of Bannock

City of Pocatello — Registration District No. 84 — File No. 54

No. 1425 N. Gar. St. — Primary Registration District No. 2161 — Registered No. 2900

Hospital .....

FULL NAME OF CHILD Hazel Fae Hadley

Sex of Child: Female — Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth) — Legitimate? yes — Date of Birth: Nov. 29 (Month) (Day) 191.9 (Year)

FATHER	MOTHER
FULL NAME: Fay Wm. Hadley.	FULL MAIDEN NAME: Violet Carlson
RESIDENCE: 1425 N Garfield	RESIDENCE: 1425 N. Gar.
COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Willard, Utah	BIRTHPLACE: Clifton Idaho
OCCUPATION: O.S.L. Car inspector	OCCUPATION: Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Caucasian, at 4 A. M. on the date above stated. (born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm H Mauer (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 8 19 19 — O. B. Steely
Registrar

[redacted]

SEP 30 1942

AUG 21 [redacted]

847-104-003-168

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock.

City of Pocatello

No. 744 So. 2nd Ave. E. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74540

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2901

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male.				Yes.	Dec	4	1919

FATHER	MOTHER
FULL NAME Raymond Louis Hegbee	FULL MAIDEN NAME Sylvia Elvira Johnson
RESIDENCE 744 So 2nd Ave. Pocatello Idaho	RESIDENCE 744 So 2nd Ave Pocatello Idaho.
COLOR white AGE AT LAST BIRTHDAY 19 (Years)	COLOR white AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Weston Idaho.	BIRTHPLACE Weston, Idaho.
OCCUPATION Laborer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or ~~stillborn~~), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W. W Brothers

Physician

(Physician ~~or midwife~~)

Address 525 W. Hayden Pocatello Ida.

Filed Dec 9 1919

P B Steed

Registrar

493 - 208 - 003 - 415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74541

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2902

FULL NAME OF CHILD Helen Roberta Dick

Sex of Child: Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: November 8 (Month) (Day) 1917 (Year)

FATHER

FULL NAME: Maurice Lowell Dick

RESIDENCE: 807 N. Harrison Ave. Pocatello Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Idaho Falls, Idaho

OCCUPATION: O.S.L. Engineer

MOTHER

FULL MAIDEN NAME: Isabelle Margaret Davis

RESIDENCE: 807 N. Harrison Ave. Pocatello Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Pocatello, Idaho.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:21 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) .....

Pocatello Ida

(Physician or midwife)

Address Pocatello Idaho

Filed Dec 10 1917

O. B. Steely
Registrar

FEB 11 1942 cc 2/20/41 rmf

APR 18 1945

OCT 24 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-120-003-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74542

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthonys

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2903

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			No.	November 20th 1919

FATHER		MOTHER	
FULL NAME	Gordon Evans.	FULL MAIDEN NAME	Anna L. Clark.
RESIDENCE	Unknown.	RESIDENCE	233 F St. Salt Lake City, Utah.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Unknown.	BIRTHPLACE	California.
OCCUPATION	Soldier.	OCCUPATION	Office Work.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Wright

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Dec 10, 1919 J. B. Steele

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated.

49.3-208
BIRTH 038-213

[redacted]

STATE
BUREAU OF V[redacted]S

CERTIFI[redacted]

m V. S. No. 11-C—20m-2-15-12

[redacted]ette

[redacted] St.

Registration District No. 4 File No. 74544

Primary Registration District No. 1008 Registered No. 52

Hospital [redacted] Marjorie May Mickelson

FULL NAME OF CHILD [redacted]

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Femail			Yes	10 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew [redacted] Mickelson	Hazel Saling
RESIDENCE	Payette,	Payette,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	29
BIRTHPLACE	Iowa,	Idaho,
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Woodward M.D.
(Physician or midwife)

Address Payette, Idaho.

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed Oct. 10 1919. J.C. Woodward
Registrar

8-Y CO. 20174

JAN 31 1942

FEB 21 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Payette. }

Certificate No. 74544

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Marjorie May Mickelson (Name on Original Certificate) who was born (Was Born or Died) on October 7, 1919 (Date of Event) in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Oct. 7, 1919	October 8, 1919

Subscribed and sworn to before me this 20th day of February, 1942.

W. R. McClure

Notary Public, residing at Payette, Idaho

My commission expires July 5, 1944.

(Seal)

Signed Hazel Mickelson
(Signature of parent ~~or attendant~~ if correcting a birth record; ~~of attendant, funeral director, informant if correcting a death record; or other credible person.~~)

Star Route, Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Payette. }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 1942.

W. R. McClure

Notary Public, residing at Payette, Idaho

My commission expires July 5, 1944

(Seal)

Signed Dora J. Peterson
(Signature of Any Credible Person Other Than Previous Year)

Payette, Idaho
(Street Address, City, State)

MAR

165-122-039-918

[redacted] 20m-2-15-12

[redacted] 74345

Co[redacted]

City of [redacted]

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 80

Hospital

FULL NAME OF CHILD RAY ORVAL JONES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	II (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Woodson H. Jones	FULL MAIDEN NAME	Clara A. Ray
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ken.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Payette, Idaho.

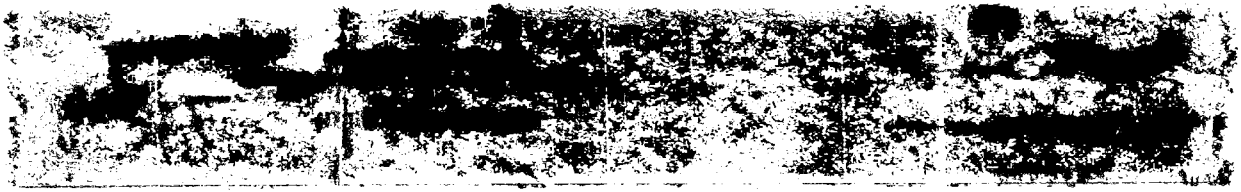
Registrar

Nov 29 1919 J C Woodward Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

FEB 11 1942

Certificate No. 74545

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Ray Orval Jones
birthdate	Nov. 24, 1919	Nov. 22, 1919

Subscribed and sworn to before me this 9th day of February, 19 42.

E. T. Retzlaff

Notary Public, residing at Dallas, Oregon.

My commission expires September 20, 1942.
(Seal)

Signed Mrs Clara Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

514 Main Street, Dallas, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Polk } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly ~~swear~~ that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of February, 19 42.

E. T. Retzlaff

Notary Public, residing at Dallas, Ore

My commission expires Sept 20 1942
(Seal)

Signed Woodson Hodge Jones
(Signature of Any Credible Person Other Than Previous Year)

Dallas, Oregon
(Street Address, City, State)

464-230
019-296
PLAC[redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74546

County of Custer

City of Challis

No. ..... St.

Hospital .....

Registration District No. 108 File No. .....

Primary Registration District No. 2186 Registered No. .....

FULL NAME OF CHILD Hazel Dodge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.	3	Yes.	11/30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. K. Dodge	FULL MAIDEN NAME	Hazel G. Brown
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Moving Picture Theater	OCCUPATION	Hwife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Challis, Ida.

Filed Dec. 5th 1919

C. L. Kirtley
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 13 1944

DEC 11 1944

APR 22 1943

263-118-019-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74547

County of Custer

City of Challis

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Valentine Solosabal

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 18 19 9

FATHER	MOTHER
FULL NAME: Valentine Solosabal	FULL MAIDEN NAME: Maria Averastire
RESIDENCE: Challis Precinct, Custer Co., Ida.	RESIDENCE: Challis Precinct, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Berris, Spain	BIRTHPLACE: Arasua, Spain
OCCUPATION: Ranching	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Hurley

(Physician or midwife)

Address Challis Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 10 1919 C. L. Hurley Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 8 1972

666-116-019-967

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74548

County of Custer

City of Challis

Registration District No. 108 File No.

No. St.

Primary Registration District No. 2186 Registered No.

Hospital

FULL NAME OF CHILD James Hickey Wood

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			4	Yes	Nov. 16 19 19

FATHER	MOTHER
FULL NAME: J. A. Wood	FULL MAIDEN NAME: Vada Rogers
RESIDENCE: Challis, Ida.	RESIDENCE: Challis, Ida.
COLOR: Wh. AGE AT LAST BIRTHDAY: 44 (Years)	COLOR: Wh. AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho.
OCCUPATION: Farmer	OCCUPATION: H-wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 A M. on the date above stated.

(Signature) C. L. Hurley M.D.

(Physician or midwife)

Address Challis, Ida.

Filed 11/21 1919 C. L. Hurley Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-112
025-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74549

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106

Primary Registration District No. 2184

File No. .....

Registered No. 41

FULL NAME OF CHILD John Edward Kendall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ed Kendall	FULL MAIDEN NAME	Gladys Teeman
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Weberkmos

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia - Idaho

Filed Dec 1 1919 J M Weberkmos

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/19/41 L. B.

869-222-025-296

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74550

County of Idaho

City of Clearwater

No. ..... St.

Hospital .....

Registration District No. 106

Primary Registration District No. 2184

File No. .....

Registered No. 40

FULL NAME OF CHILD Zelma York

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov 22 1919

FATHER		MOTHER	
FULL NAME	Carey York	FULL MAIDEN NAME	Rosa Brown
RESIDENCE	Clearwater Idaho	RESIDENCE	Clearwater Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 25 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Filed Dec 1 1919 J M Verberkmoes Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 0

296-210-025-449

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Cleanwater

No. ..... St.

Hospital .....

Registration District No. 106

Primary Registration District No. 2184

File No. 74551

Registered No. 39

FULL NAME OF CHILD Cleo Ruth Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Nov 10 1919

FATHER		MOTHER	
FULL NAME	Walter Brown	FULL MAIDEN NAME	Blanche Murphy
RESIDENCE	Cleanwater - Idaho	RESIDENCE	Cleanwater Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 07 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Filed Dec 1 1919 J M Verberkmoes

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-204-029-622

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74552

County of Idaho

City of Kendrick

Registration District No. 68

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Silvia Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Curtis	FULL MAIDEN NAME	Elizabeth Osborn
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oklahoma	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD.

(Physician or midwife)

Given names added from a supplemental report.

Address Kendrick Idaho

19

Filed Nov 19 19

R. F. Pepple

Registrar

Registrar

Julia Etta Ida

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-109-029-444

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74553

County of Latah

City of Juliaetta

No. _____ St.

Hospital _____

Registration District No. 68

File No. _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD Arnold Quintin Perryman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		X	Nov. 9 1919

FATHER		MOTHER	
FULL NAME	Willis A Perryman	FULL MAIDEN NAME	Eveline Dumbauld
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Retired	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Address Kendrick Idaho

Filed 11-30 1919 R F Pepple Registrar

_____ 19__

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 23 1968

455-214-029-854

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74554

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

Registration District No. 68

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Emma Dennler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		Legitimate	Nov 14th 1919

FATHER		MOTHER	
FULL NAME	David Dennler	FULL MAIDEN NAME	Kuni ~~Dr~~ Hedlers
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Children Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Augusta Hain
(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 11-30 1919 R. F. Pepple
Registrar

Registrar

S-Y CO. 24655

NOV 15 1944

755-216-029-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74555

Registration District No. 68

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lois Theora Penland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	Nov. 16 1919

FATHER		MOTHER	
FULL NAME	Gordon Penland	FULL MAIDEN NAME	Nettie Ethel Burns
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	N.C.	BIRTHPLACE	Mo
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho

Filed 11-30 1919 R. F. Pepple
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1946

755-218-029-855

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. 68 File No. 74556

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Doris Jane Gentry

Sex of Child: Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Nov (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ira L Gentry	FULL MAIDEN NAME	Mary Hembree
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.40 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho

Filed 11-30 1919 R. H. Pepple Registrar

Juliaetta Ida

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 2 1943

281 - 226 - 029 - 796

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 68

File No. 74557

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ruth Louise Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	11-26-19

FATHER		MOTHER	
FULL NAME	Franklin Edward Shaw	FULL MAIDEN NAME	Bess Louise Gifford
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. A. Rothweiler M.D.

(Physician or midwife)

Address Kendrick Idaho

Filed 11-30 1919 R. H. Peppler Registrar

S-Y CO. 24655

635-130-035-414

[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of Kendrick

No. ..... St.

Hospital .....

Registration District No. 68

File No. 74558

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Edgar Wayne Fleshman

Sex of Child: M

Twin, Triplet or other? Twin; and Number in order of birth: 1 (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Nov. 30 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Virgil Fleshman	FULL MAIDEN NAME	Clara G. Daugherty
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-17 1919 R. F. Pepper Registrar

Juliaetta Ida

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635-130-035-414

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74559

Registration District No. 68

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Elwin Clayton Fleshman

Sex of Child: M	Twin Triplet or other? Twins and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Nov (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Vergil Fleshman	FULL MAIDEN NAME	Clara G Daugherty
RESIDENCE	Kendrick Ida	RESIDENCE	Kendrick Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 45 a.m. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Address Kendrick Idaho

Filed 12-12 1919 R. F. Pepple Registrar

Juliaetta Ida

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

657-130-035-238

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perces

City of Cameron

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 74560

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Wayne Emil Wegner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Nov 30 1919

FATHER		MOTHER	
FULL NAME	August F. Wegner	FULL MAIDEN NAME	Meta Schutz
RESIDENCE	Cameron Idaho	RESIDENCE	Cameron Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minnesota	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..

Address Kendrick Idaho

Filed 12-10 1919 R. F. Pepple Registrar

Registrar

Julia Walter Jones

S-Y CO. 84685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of LATAH } ss.

Certificate No. 74560

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Wegner (male child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1919 (Date of Event)
in Cameron, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wayne Emil Wegner

Subscribed and sworn to before me this 17th day of JANUARY, 1968.

Frank Barton

Notary Public, residing at LEWISTON

My commission expires Nov. 16, 1968

(Seal)

Signed Meta S. Wegner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

KENDRICK, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of LATAH } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of JANUARY, 1968.

Frank Barton

Notary Public, residing at LEWISTON

My commission expires Nov. 16, 1968

(Seal)

Signed Martha A. Wilkin
(Signature of Any Credible Person)

Kendrick Idaho.
(Street Address, City, State)

CL 1-10-68. nm

FORM DH 60-155

Certificate of Confirmation, date June 18, 1933, by Emanuel Lutheran Congregation, gives name as Wayne Emil Wegner - viewed by V.S.

JAN 2 6 1968

Certificate of Baptism, baptized Dec. 28, 1920 in Cameron, Idaho, by Emanuel Lutheran Church, gives name as Wayne Emil, Parents Aug. F. Wegner and Meta Schutz, born Nov. 30, 1919, in Cameron, Idaho - viewed by V.S.

493-205-030-255

PLACE OF BIRTH

County of Lewis

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 74561

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 41

Primary Registration District No. 2116

File No. .....

Registered No. .....

FULL NAME OF CHILD Grace Lee Opal Bennett Mitchell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F.			Yes	Sept 5 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred Mitchell	FULL MAIDEN NAME	Susie Bennett
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hamm

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10 1919 M. Deming Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-122-030-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 74562

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	June 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Benj Harper	FULL MAIDEN NAME	Lelia Sarah Williams
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Haume

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12/10 1919 M. Dering Greene

Registrar

434-220-032-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Salmon — Registration District No. 41 — File No. 74563

No. ..... St. — Primary Registration District No. 2116 — Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Mildred M. McDonald .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Sept 20 1917

FATHER		MOTHER	
FULL NAME	Guy E. McDonald	FULL MAIDEN NAME	Nannie A Brown
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Montana	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hamm

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12/10 1917 M. Deering Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 9 9 47 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 74563

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed McDonald (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept 20, 1919 (Date of Event)

in Salmon, Idaho (Lemhi) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mildred Mabel McDonald

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of November, 19 77

Lauren E. Kane

Notary Public, residing at Salmon, Id.

My commission expires Life

(Seal)

Signed Eleanor Aldous
(Signature of Any Credible Person)

Box 370, Salmon, Idaho 83467
(Street Address, City, State)

FORM DH 60-155

CL 11/3/77 RUSH

DEC 1 9 1977

Marriage Certif from Idaho gives name s as Warren A. Brown and Mildred M. McDonald dated July 7, 1936. viewed by V. S.

School record from Lemhi County, Idaho gives name as Mildred McDonald. for the year 1927. father's name as Guy McDonald and mother's name as Nannie McDonald. born in 1919 and was 7 year of age. on Oct 19, 1927. viewed by V. S.

897-209-030-985

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74564

County of Lemhi

City of Salmon river

Registration District No. 41

File No.

No. St.

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	11 (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ellis E. Hayley	FULL MAIDEN NAME	Lucy Rheinhart
RESIDENCE	Salmon river	RESIDENCE	Salmon river
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 12/10 1919 Mr. Whering Greene

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-106-030-258

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74565

County of Lemhi

City of Salmon

Registration District No. 41

File No.

No. St.

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD John Henry Rose

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m.		Yes	11 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Frederick Rose	FULL MAIDEN NAME	Eva Snyder
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Garage owner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 12/10 1919 M. Dering Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1962

MAR 17 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-118
030-449

PLACE OF BIRTH date of birth amend- 7-23-87 lh

Form V. S. No. 1-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74566

County of Lewis

City of Baker

No. ..... St.

Registration District No. 41

File No. .....

Primary Registration District No. 2116

Registered No. .....

Hospital .....

FULL NAME OF CHILD Everett Larain Hodges

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.		Yes	11-18-19

FATHER	MOTHER
FULL NAME Wm. Larain Hodges	FULL MAIDEN NAME Nellie Myrtle Howard
RESIDENCE Baker	RESIDENCE Baker
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Harris

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 12-10 1919 M. Deming Greene Registrar

FORM [illegible] S. NO. 27B. 5M-12-1

STATE OF IDAHO 745606

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth:
- City: Baker
- Street and House No.:
- County: Lemhi

Registered No. 41

Registration Dist. No. 2116

Sex of Child: Male

Date of Birth: Nov. (MONTH) 18 (DAY) 1919 (YEAR)

Father: William Lorain Hodges (FULL NAME)

Mother: Nellie Myrtle Durand (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Everett Lorain Hodges (GIVEN NAME IN FULL) (SURNAME)

as reported by Nellie Myrtle Durand (~~FATHER~~ OR MOTHER)

M. Dering Greene (LOCAL REGISTRAR)

3-6-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 27 9 06 AM '87

State of _____ } ss.
County of _____ }

Certificate No. 74566
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Everett Larain Hodges (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 18, 1917 (Date of Event)

in Baker, Lemhi Co. (Place of Event) are erroneous or were omitted: 18. 1919

ITEMS TO BE CORRECTED	FROM	TO
Date of birth	Nov. 18, 1917 1919 wrong Changed	Nov. 19, 1919 this Date

Subscribed and sworn to before me this 15th day of July, 1987.

Notary Public, Deana S Richman

Residing at Rt 1 Sugar City Idaho 83448

My commission expires 1-31-93

(Seal)

x Everett L. Hodges
Signature of Applicant

x Box 70 Teton Ida. 83451
Street Address, City, State

Ph-(208) 458-4311

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

(Must be completed ___)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of July, 1987.

Notary Public, Deana S Richman

Residing at Rt 1 Sugar City Id 83448

My commission expires 1-31-93

(Seal)

Merrill R Pencock Bishop LDS
Supporting Signature

Route 1 Sugar City Idaho
Street Address, City, State

JUL 2 3 1987

School Census Marshal's Report for year 1936 gives name of child as Everett - child of Mr. & Mrs. W.L. Hodges born Nov. 19, 1919.
Viewed byV.S.

LDS Church record of Blessing for Everett Larain Hodges gives date of birth as Nov. 19, 1919 in Baker, ID. Blessed March 20, 1920.
Viewed by V.S.

593-130-030-13

PLACE [illegible] STATE OF [illegible] Form V. S. No. 11-S—15m-6-30-11

County of [illegible] [illegible] OF [illegible]

City of _____ Registration District No. 41 File No. 74567

No. _____, _____ St.

Primary Registration District No. 2116 Registered No. _____

Hospital _____

FULL NAME OF CHILD Donald Fredrick Nichols

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct 30 1919

FATHER		MOTHER	
FULL NAME	Henry P. Nichols	FULL MAIDEN NAME	Lillie Allard
RESIDENCE	May	RESIDENCE	May
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Colo.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

MD

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address May

Filed 12/10 1919 Mr. Dering Greene

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 16 1941

DEC 23 1941

DECEASED

Form V. S. No. 11-C-25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74568

County of Lemhi

City of near Baker

366-116-030-689

No. ____ St.

Registration District No. 41 File No. ____

Primary Registration District No. 2116 Registered No. ____

Hospital ____

FULL NAME OF CHILD LORREN OPIE COOPER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 16 1919

FATHER	MOTHER
FULL NAME Riley Cooper	FULL MAIDEN NAME Ruth Opie
RESIDENCE near Baker	RESIDENCE near Baker
COLOR Wht	COLOR Wht
AGE AT LAST BIRTHDAY 60 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ark	BIRTHPLACE Neb
OCCUPATION Farmer	OCCUPATION H W F

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 730 P. M. on the date above stated.

(Signature) J S Wright-MD

(Physician or midwife)

Address ____

Filed 12/10 1919 M. Deming Greene Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V 9 NO 27B. 5M-12-1

STATE OF IDAHO 74568

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
- City New Baker
- Street and House No.
- County Lemhi County

Registered No. 4 R

Registration Dist. No. 2116

Sex of Child Male

Date of Birth Nov (MONTH) 16 (DAY) 1910 (YEAR)

Father Riley Cooper (FULL NAME)

Mother Ruth Opie (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Lorrin Opie Cooper (GIVEN NAME IN FULL, SURNAME)

as reported by Ruth Opie Cooper (~~FATHER~~ OR MOTHER)

M. Dering-Greene (LOCAL REGISTRAR)

1943

168-217-030-818

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ____ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-9-8-15

CERTIFICATE OF BIRTH

74569

Registration District No. 41 File No.

Primary Registration District No. 2116 Registered No.

FULL NAME OF CHILD Betty Jane Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Nov 17th 1917

FATHER		MOTHER	
FULL NAME	R. L. Johnson	FULL MAIDEN NAME	Leona Haylon
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Business Manager	OCCUPATION	Hsf

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

(Signature) FS Wright-MD

(Physician or midwife)

Address

Filed 12/10 1917 M. Deming Greene
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1966

FEB 19 1954

299-219-030-294

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. II-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 74570

Primary Registration District No. 2116 Registered No. _____

FULL NAME OF CHILD JEANNE ELIZABETH KIRK

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Nov 19th 1919

FATHER	MOTHER
FULL NAME Rufus L Kirk	FULL MAIDEN NAME Ina Swanson
RESIDENCE near Baker	RESIDENCE near Baker
COLOR Wht	COLOR Wht
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ills	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Hswf

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A M. on the date above stated.

(Signature) FS Wright MD

(Physician or midwife)

Address _____

Filed 12/10 19 19 M Deming Greene
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 270 5M-12-1

STATE OF IDAHO 7457

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Salmon

Street and House No.

County Lemhi County

Registered No. 41

Registration Dist. No. 216

Sex of Child Female

Date of Birth Nov. 17 1919
MONTH DAY YEAR

Father Rufus L. Kirk
FULL NAME

Mother Ina Simpson
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Jeanne Elizabeth Kirk
GIVEN NAME IN FULL SURNAME

as reported by Ina Simpson Kirk
FATHER OR MOTHER

M. Deming Greene
LOCAL REGISTRAR

NOV 1 1968

693-201
042-759

PLACE OF B[redacted] [redacted]E OF ID[redacted] [redacted]VITAL S[redacted]

County of Twin Falls

CERTIFICATE OF [redacted]

74571

City of Buhl, Ida

Registration District No. 39

File No.

No. ..... St.

Primary Registration District No. 2087

Registered No.

Hospital .....

FULL NAME OF CHILD Ruby Elaine Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	11 / 1 / 1919

FATHER		MOTHER	
FULL NAME	M. D. Wilson	FULL MAIDEN NAME	Stella Perkins
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 41459 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl, Ida

Filed DEC 1 - 1919 [signature]

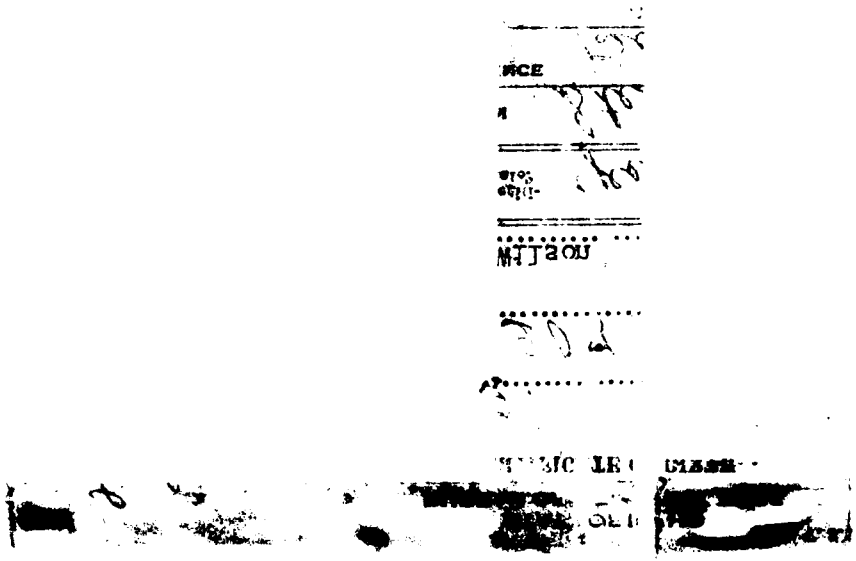
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 74571

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Wilson (Name on Original Certificate) who was born (Was Born or Died) on Nov 1, 1919 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Child's Birth Certificate-File # 275253 (Bible Record, Insurance Policy, Etc.) prepared on April 16, 1937 (Give Date), are:

Marriage License

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Wilson	RUBY ELAINE WILSON

Subscribed and sworn to before me this 16th day of May 1957

Frank P. Giese
Notary Public, residing at Buhl Ida
My commission expires 1-25-58
(Seal)

Signed Mrs Stella H Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2 Buhl, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May 1957

Frank P. Giese
Notary Public, residing at Buhl, Ida
My commission expires 1-25-58
(Seal)

Signed Marrell D. Wilson
(Signature of Any Credible Person)

Route 2, Buhl, Ida
(Street Address, City, State)

FORM DPH 55.155

MAY 24 1957

914-202-042-399

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74572

County of Twin Falls

City of Buhl

Registration District No. 39

File No.

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Baby Radford

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	—	Yes	Nov. 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur C. Radford	FULL MAIDEN NAME	Ida Crisp
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Irmen MD

Physician (Physician or midwife)

Given names added from a supplemental report.

— 19

Address Box 866 Buhl Ida

Filed DEC 1 - 1919 J. H. Murphy Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. 249-202-042-255 St.

Hospital

Registration District No. 39

File No. 74573

Primary Registration District No. 2087

Registered No.

FULL NAME OF CHILD Leila Maye Smith

Sex of Child Fem

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov. 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy L. Smith	FULL MAIDEN NAME	Lula Bennett
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Galesburg, Ill.	BIRTHPLACE	Oberlin, Kans.
OCCUPATION	Farmer	OCCUPATION	Hsewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George E. Jennings, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida.

19

Registrar

Filed DEC 1 - 1919 19

J. H. Murphy
Registrar

RECEIVED
AUG 12 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Twin Falls

Certificate No. 74573

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Smith (Name on Original Certificate) who was born (Was Born or Died) on Nov. 2, 1919 (Date of Event) in Buhl (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy, child's birth certificate (Bible Record, Insurance Policy, Etc.) prepared on Feb 24, 1941 viewed by v.s. Sept 22 1946 (Give Date) #425897, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Smith	Leila Maye Smith

Subscribed and sworn to before me this 15th day of July, 1957

Helen Porterfield
Notary Public, residing at Twin Falls, Idaho
My commission expires March 1, 1958
(Seal)

Signed Lulu M. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
536 3d ave East Twin Falls Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of July, 1957

Helen Porterfield
Notary Public, residing at Twin Falls, Idaho
My commission expires March 1, 1958
(Seal)

Signed Raymond L Smith
(Signature of Any Credible Person)
536-3d ave East Twin Falls
(Street Address, City, State)

FORM DPH 55.155

SEP 10 1957
APR 7 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

445-203-042-663

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

V. S. No. 11-C

Registration District No. 37

File No. 74574

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Ruth Laura Duval

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Nov. 3 1919

	FATHER	MOTHER
FULL NAME	Charles Duval	FULL MAIDEN NAME Kitty Wolverton
RESIDENCE	Buhl Ida	RESIDENCE Buhl, Ida.
COLOR	Wht	COLOR Wht
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Castle Gate, Utah	BIRTHPLACE Arthur, Nev.
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George J. Emmings M.D.
(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed DEC 1 1919

L. A. Murphy Registrar

MAR 1 4 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF ~~PUBLIC~~ WELFARE
BUREAU OF VITAL STATISTICS

County of Twin Falls
City of Buhl
No. 396 - 105-042-693 St.

AMENDED 9-26-45

CERTIFICATE OF BIRTH

Registration District No. 39
File No. 74575
Hospital
Primary Registration District No. 2087
Registered No.

FULL NAME OF CHILD Burton Lavon Crowley
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Nov. 5, 1918

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	John M. Crowley	FULL MAIDEN NAME	Pansy Jewell Williams
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	California	BIRTHPLACE	Hugo, Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings, M. D.
(Physician or midwife)

Address Buhl, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Dec. 1, 1918 J. H. Murphy
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash
County of Clark } ss.

Certificate No. 74575

SEP 24 1945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Burd (Birth or Death)
for Berton Lavon Crowley (Name on Original Certificate) who was Born (Was Born or Died) on 11/5/1919 (Date of Event)
in Burd, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible records prepared on 11/15/1919 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Berton Lavon Crowley	Burton Lavon Crowley

Subscribed and sworn to before me this 22
day of Sep 1945.

Notary Public, residing at Camas

My commission expires 7/24/48
(Seal)

Signed Mrs Pansie J. Crowley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Rt 1, Box 71A Camas, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash
County of Clark } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of Sep, 1945.

Notary Public, residing at Camas

My commission expires 7/24/48
(Seal)

Signed J W Pontius
(Signature of Any Credible Person)

Rt 1, Box 71A Camas Wn
(Street Address, City, State)

SEP 27 1945

Amended
9-26-45

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 74575

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Berton Lavon Crowley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John M. Crowley	FULL MAIDEN NAME	Pansy Jewell Williams
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	Wht AGE AT LAST BIRTHDAY 40 (Years)	COLOR	Wht AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	California	BIRTHPLACE	Hugo, Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl, Ida.

Filed DEC 1 - 1919

J. H. Murphy
Registrar

Registrar

955-208-042-217

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida

Registration District No. 39

File No. 74576

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD VIOLA OLGA RENDLA

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	11 8 1919

FATHER		MOTHER	
FULL NAME	A. W. Rendla	FULL MAIDEN NAME	Pauline Kopp
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed DEC 1 1919

J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 74576

Date Filed APR 1 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Viola Olga Rendla (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Nov 8 1919 (DATE OF EVENT)
in Buhl Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Viola Olga Rendla

Subscribed and sworn to before me this 9th day of April, 19 42.

Bernard DeStarr
Notary Public, residing at Buhl Idaho
My commission expires Nov 8 1943
(SEAL)

Signed Adolph W Rendla.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
925-7th ave So Buhl Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of April, 19 42

Notary Public, residing at Buhl Idaho
My commission expires Nov 8 1943
(SEAL)

Signed Mrs Rose Voss
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
500 north Broadway
(STREET ADDRESS, CITY, STATE)
Buhl Idaho

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

699-213-042-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74577

County of Twin Falls

City of Buhl Ida.

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Hope Fritcher

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	11 13 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glen F. Fritcher	Nora E. Johnson
RESIDENCE	Buhl Ida.	Buhl, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Iowa	Minn.
OCCUPATION	Banker	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

(Physician or midwife)

Address Buhl Ida

Filed DEC 1 1919

[signature] Registrar

331-210-042-168

Form V. S. No. INC—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39

Primary Registration District No. 2087

File No. 74578

Registered No. .....

FULL NAME OF CHILD Mable Tora Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem.		Yes	Nov. -10- ~~xxx~~ 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Clark	FULL MAIDEN NAME	Alice Johnson
RESIDENCE	Buhl.	RESIDENCE	Buhl
COLOR	wht.	COLOR	wht
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Tenn.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 1 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida.

..... 19 .....

Filed DEC 1 - 1919 19 ..... J. F. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 18 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of _____

Certificate No. 74578

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for _____ (Name on Original Certificate) who has born (Was Born or Died) on November 10, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mable Tora Clark
Date	Nov. 17th	Nov. 10th

Subscribed and sworn to before me this 27th
day of September, 1943

Notary Public, residing at Buhl, Idaho

My commission expires Nov 5, 1945
(Seal)

Signed Ada Watson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 4, Buhl, Twin Falls, Co. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of _____

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of October, 1943

Notary Public residing at Boise Idaho

My commission expires Jan. 25-1944
(Seal)

Signed Lena Billman
(Signature of Any Credible Person Other Than Previous Year)

N. 28th St., Boise, Idaho
(Street Address, City, State)

K

OCT 21 1943

239-217-042-275

PLACE OF BIRTH

Form V. S. No. 11-G-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74579

County of Twin Falls

City of Buhl, Ida

Registration District No. 39

File No.

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Lelah Maxine Strader

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	11 17 1919

FATHER		MOTHER	
FULL NAME	A. A. Strader	FULL MAIDEN NAME	Marie Spearman
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Buhl Ida

Filed DEC 1 - 1919 19

J. F. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 1968

616-121-042-755

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

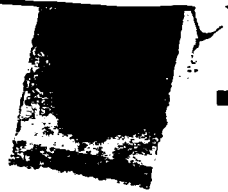
PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....



Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39

File No. 74580

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Infant Laurence Fawcett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	11 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Amos William Fawcett	FULL MAIDEN NAME	Ellen Yingler
RESIDENCE	2 miles north 1/2 mile west	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George B. Russell

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Registrar

Filed DEC 1 1919

C. E. Murphy
Registrar

HT

JAN 27 1956

235-124-042-231

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74581

County of .....

City of .....

No. ..... *St.*

Hospital .....

Registration District No. 39 **File No.** .....

Primary Registration District No. 2087 **Registered No.** .....

FULL NAME OF CHILD James Howard Slee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	11 (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Robert B. Slee	FULL MAIDEN NAME	Edna N. Black
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Penn
OCCUPATION	Real Estate Broker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed DEC 1- 1919 19.....

J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 6/18/41. w.h.

AUG 2 1950

962-125-042-962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford

No. ..... St.

Registration District No. 39

File No. 74582

Primary Registration District No. 2187

Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter Leslie Robertson

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of Birth
Male	Single		Yes	Nov. 25 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Abe Robertson	FULL MAIDEN NAME	Nannie Robertson
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Manual Labor	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or Stillborn) at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Irmen

Physician (Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed DEC 1- 1919

J. H. Murphy Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 2 1971

APR 2 3 1974

665-225-042-291

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74583

County of Twin Falls

City of Buhl

Registration District No. 39

File No.

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Lois Elizabeth Ownbey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Charles Ownbey	FULL MAIDEN NAME	Ruth Elizabeth Drabb
RESIDENCE	2 3/4 miles south of Buhl	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George S. Gaudet

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Buhl Ida.

19

Filed DEC 1 - 1919

J. H. Murphy

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-227-042-251

Form V. S. No. 11-C—25m-9-8-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Castleford

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29

Primary Registration District No. 2087

File No. 74584

Registered No. ____

FULL NAME OF CHILD Barbara Ellen Pritchard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 27 1919

FATHER		MOTHER	
FULL NAME	Ernest Pritchard	FULL MAIDEN NAME	Pearl Kearley
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 5 00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. A. Irmen

Physician.

(Physician or midwife)

Address .....

Filed DEC 1 - 1919

G. T. Murphy Registrar

5-Y-CO 38071

NOV 2 0 1947

993-127-042-315

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74585

County of .....

City of .....

No. ..... St.

Hospital Home

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: Male

Twin, Triplet or other? Single (and) (Number in order of birth) Two (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Nov. (Month) 27 (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Richardson	Eva Marie Canon
RESIDENCE	Eastford	Eastford
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Sope Creek Virginia	Perry Iowa
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) James Monroe

Physician (Physician or midwife)

Address Buhl, Idaho.

Filed DEC 1- 1919

J. T. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-3-229
042 - 853

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74586

County of Twin Falls

City of Buhl

Registration District No. 2

File No.

No. St.

Primary Registration District No. 2187

Registered No.

Hospital

FULL NAME OF CHILD DOROTHY ROSINE Betzer

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	Nov. 29 1919

FATHER	MOTHER
FULL NAME: Royden Earl Betzer	FULL MAIDEN NAME: Louise Augusta Heller
RESIDENCE: Castleford, Ida.	RESIDENCE: Castleford. Id.
COLOR: Wht	COLOR: Wht
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Fojena. Kans.	BIRTHPLACE: Hooper, Neb.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) George Jennings M.D.
(Physician or midwife)

Address Buhl Ida.

Filed DEC 1 - 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 194

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 74586

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on November 29, 1919 (Date of Event)
in Castleford Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bapitsmal Record (Bible Record, Insurance Policy, Etc.) prepared on November 14, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Rosine Betzer

Subscribed and sworn to before me this 9th
day of November 1942
Notary Public, residing at Pomona, Cal.
My commission expires Jan 10, 1946
(Seal)

Signed Louise A. (Heller) Betzer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
778 William St., Pomona Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of November 1942
Notary Public, residing at Pomona, Cal.
My commission expires Jan 10, 1946
(Seal)

Signed Nora E Zellers
(Signature of Any Credible Person Other Than Previous Year)
769 William St.
(Street Address, City, State)
Pomona Calif.

NOV 16 1942

352-205-036-557

PLACE OF BIRTH

County of Lemhi

City of Gilmore

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11[illegible]

CERTIFICATE OF BIRTH

74587

Registration District No. 42

File No. _____

Primary Registration District No. 2153

Registered No. 3

FULL NAME OF CHILD RUTH ALEXANDRIA LESTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. (Month) 5th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harry Brown Leston	FULL MAIDEN NAME	Alice Negus
RESIDENCE	Gilmore, Ida.	RESIDENCE	Gilmore
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Montana
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Leadore, Idaho

Filed 10/8 1919

Geo F Johnston
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 74567

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ruth Alexandria Leston

Subscribed and sworn to before me this 11 day of Dec 1942

David Bouhhead

Notary Public, residing at Tooele Utah

My commission expires March 1- 1943

(SEAL)

Signed Harry Leston

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Spotter

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

Notary Public, residing at .....

My commission expires .....

(SEAL)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 6 1969

DEC 16 1942

912-112-00-768

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 74588

No. ——— St.

Primary Registration District No. 2150 Registered No. 221

Hospital ———

FULL NAME OF CHILD Lynn Louis Rasicot

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Nov. (Month) 12 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Leo Rasicot	FULL MAIDEN NAME	Clara Gohr.
RESIDENCE	Idaho Falls R.F.D. #2	RESIDENCE	Idaho Falls, Ida
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho Falls —	BIRTHPLACE	Armstrong Iowa.
OCCUPATION	Farmer.	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Mesh Jr MD

(Physician or midwife)

Given names added from a supplemental report.

Address City

19

Registrar

Filed 11/13 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho Falls, Idaho } ss.
County of Bonneville }

Certificate No. 74568

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Birth~~ Birth (Birth or Death)
for Lynn Louis Rasicot (Name on Original Certificate) who Born (Was Born or Died) on Nov. 12th 1919 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Sept. 22 - 1924 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Rasicot	Lynn Louis Rasicot

Subscribed and sworn to before me this 30th
day of April, 1942

Signed Frank L. Rasicot
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls

My commission expires 2/1/45
(Seal)

RR # 2 Idaho Falls
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

MAY 2 1942

MAY 3 1942

NOV 3 0 1992

132-127-010-815

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74589

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. — St.

Primary Registration District No. 2110 Registered No. 220

Hospital —

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Richard H Albers	FULL MAIDEN NAME	Luella Hanni
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Baltimore, Md.	BIRTHPLACE	Swan Valley, Ida
OCCUPATION	—	OCCUPATION	H Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive, at 11 20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West Jr M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida.

Filed 11/13 1919 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-105-010-819

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R.F.D. 5 St.

Hospital Olof C. Lewis

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 74590

Primary Registration District No. 2170 Registered No. 219

FULL NAME OF CHILD Olof C. Lewis

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Nov 5 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Earl J. Lewis	FULL MAIDEN NAME Susan M Harmon
RESIDENCE R.F.D. 5 Idaho Falls	RESIDENCE R.F.D. 5 Idaho Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Salt Lake City	BIRTHPLACE Lewisville, Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Tendleton

Physician (Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 13 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-205
014-914

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Fargo Prec't

Registration District No. 3

File No. 74591

No. ..... St.

Primary Registration District No. 2007

Registered No. 82

Hospital .....

FULL NAME OF CHILD Dorothy Marie Ziesler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	(To be answered only in event of plural births)			yes	Nov. (Month) 5th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry Ziesler	FULL MAIDEN NAME	Mabel E. Radley
RESIDENCE	Canyon Co.	RESIDENCE	Canyon Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Saline Co. Kansas	BIRTHPLACE	Flisherton, Ont. Can.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. L. Newell M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wilder, Idaho

Filed 12-1-1919 Lily Waldrop

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

533-126-014-819

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.D.

Registration District No. 3

File No. 74592

No. ..... St.

Primary Registration District No. 2007

Registered No. 83

Hospital .....

FULL NAME OF CHILD Alphia L. Ellison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3	yes	Oct 26 1919

FATHER		MOTHER	
FULL NAME	George E Ellison	FULL MAIDEN NAME	Eva Harris
RESIDENCE	Greenleaf R.D.	RESIDENCE	Greenleaf R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Dec 12 1919 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-111-014-695

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

74593

Registration District No. 3

File No. .....

Primary Registration District No. 2007

Registered No. 84

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	4	yes	Oct. 11 1919

FATHER		MOTHER	
FULL NAME	Charles O. Powell	FULL MAIDEN NAME	Maud Winchester
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White Idaho
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ore	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 8 0 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 12 1919 Lulu Walsh

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-214-
028-154

PLACE OF BI[redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74594

County of Kootenay

City of Spirit Lake, Ida.

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Phillips

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	1		—	yes	Dec 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar Phillips	FULL MAIDEN NAME	Ida Anderson
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Lumber worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle O Prindle M.D.

(Physician or midwife)

Given names added from a supplemental report.

12/15 1919

Address .....

Registrar

Filed 12/15 1919

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-125-014-295

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 8

File No. 74595

No. ..... St.

Primary Registration District No. 2007

Registered No. 85

Hospital .....

FULL NAME OF CHILD Gerald Ramsey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	Yes	Nov. 25 1919

FATHER		MOTHER	
FULL NAME	Russell Ramsey	FULL MAIDEN NAME	Ora Sinker
RESIDENCE	Wilder Ida	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo.	BIRTHPLACE	Ark
OCCUPATION	Drug Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 12 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

797-210-028-355

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74598

County of Kootenai

City of Spirit Lake, Ida. Registration District No. 45 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Betty Piper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.	1			yes	Dec 10 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm allen Piper	Emma Lee
RESIDENCE	Spirit Lake Ida	Spirit Lake Ida
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	46	37
BIRTHPLACE	Wales England	Stafford England
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily D Pounds MD

(Physician or midwife)

Given names added from a supplemental report.

12/13 1919 Address

Thos J Kinsella Registrar

Filed 12/13 1919

Thos J Kinsella Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 1984

Dup of 1919-80057

867-108-02[illegible]-796

PLACE OF BIRTH

74600

Form V. S. No. 11—25m-6-15-18

[redacted]ATE OF IDAHO
[redacted] OF VITAL STATISTICS
[redacted]TIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 213

Hospital .....

Full Name of Child .....

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 12 (Month) - 8 (Day) 19 19 (Year)

FATHER		MOTHER	
FULL NAME	Wm Hoggan	FULL MAIDEN NAME	Lizzie Grover
RESIDENCE	Rigby	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Rigby Ida

Filed 12/10 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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BUREAU
CER

[redacted] 11—25m-6-1.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

P[redacted]

unty of [redacted]on

ty of [redacted]

No. 381-220-026-466

Registration District No. 78 File No. 74601

Primary Registration District No. 2176 Registered No. 221

Hospital

Full Name of Child GWEN D. CHAPMAN

SEX OF CHILD: F	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Oct 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Chapman	FULL MAIDEN NAME	Nellie Dowdle
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Builder	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ririe

Filed 12/10 1919 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANE

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho) Certificate No. 74601
)ss
County of Jefferson) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Gwen D. Chapman (Name on original certificate) who was born (was born or died) on Oct. 20th 1919 (Date of event) in Rigby, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Bible record (Bible record, insurance plcy.etc.) prepared on Dec. 3rd, 1919. (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Gwen D. Chapman

Subscribed and sworn to before me this 29 day of May 1943

Signed George S. Chapman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ruth K. Bennett
Notary Public
Residing at Rigby, Idaho.

Rigby, Idaho.
(Street address, City, State)

My commission expires November 9th, 1946.

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Jefferson)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of May 1943

Signed E. R. Jones
(Signature of any credible person other than the previous affiant.)

Ruth K. Bennett
Notary Public
Residing at Rigby, Idaho.

Rigby, Idaho.
(Street address, City, State)

My commission expires November 9th, 1946.
(SEAL)

JUN 8 1943

692-211-026-119

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74602

County of Jefferson

City of Rigby

No. ____ St.

Registration District No. 98

File No. ____

Primary Registration District No. 2176

Registered No. 203

Hospital ____

Full Name of Child Nola Ray Fisher

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes	7 / 11 / 19

FATHER		MOTHER	
FULL NAME	Will Fisher	FULL MAIDEN NAME	Belle Jardine
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Pool Hall Mgr	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 8 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smatham

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed 12 / 10 19 19 J Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Ventura }

Certificate No. 74602
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth) Nola Ray Fisher (Birth or death) for Nola Ray Fisher (Name on original certificate) who was born (Was born or died) on July 11, 1919 (Date of event) in Rigby, Jefferson Co., Idaho (Place of event) erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by record (Bible record, insurance policy, etc.) prepared on August 11, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Nola Ray Fisher	Nola Ray Fisher
Date of birth	July ~~24~~, ~~1919~~	July 11, 1919

Subscribed and sworn to before me this first day of November, 1941.

Gwendolyn MacBrown
Notary Public residing at Ventura, Calif.

My commission expires 10/27/42.
[SEAL]

Signed Mrs Belle Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1045 East Meta, Ventura, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed William D. Fisher
(Signature of any credible person other than the previous affiant.)

191 So. Palm st. Ventura, Calif.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

NOT

239-228-026-293

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98

File No. 74603

Primary Registration District No. 2176

Registered No. 200

Hospital .....

Full Name of Child Wilma Striker

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 7-28-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rolf Striker	FULL MAIDEN NAME	Arletta Kite
RESIDENCE		RESIDENCE	Rigby
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Dead	BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 11 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby - Idaho -

Filed 12/10 1919 Ray H Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-224-026-295

PLACE OF BIRTH

County of Jefferson

City of Annis

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 78

File No. 74604

Primary Registration District No. 2176

Registered No. 227

Full Name of Child _____

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH
F.	✓		✓	yes.	Nov. (Month) 24 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Lu Hansen.	FULL MAIDEN NAME	Ida Kinghorn
RESIDENCE	Annis.	RESIDENCE	Annis.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth _____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M.D.
(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report.

_____ 19____
Registrar

Filed 12/10/19 Ray H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-207-026-418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

Re[redacted]rict No. 98

Pr[redacted]ation District No. 2176

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 74605

Registered No. 228

Full Name of Child .....

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F	—	—	yes	Dec 7 1918

FATHER

FULL NAME: Alvin Ludlow

RESIDENCE: Lorenzo

COLOR: W

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Rachel Maynard

RESIDENCE: Lorenzo

COLOR: W

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Penn

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer

(Physician or midwife)

Address Raymond Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/16 19 19 Ray K Fisher

Registrar

63-128-026-694

Amended 6-14-63

(Be sure the information is complete and accurate)

State File No. 74606
Local Reg. No. 195
Reg. Dist. No. 98

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lee
b. (Middle): Oal
c. (Last): Waters

4. SEX: M.

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF BIRTH: (Month) Sept. (Day) 28, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Elmer
b. (Middle): E.
c. (Last): Waters

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Melba
b. (Middle):
c. (Last): Ormond

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Rudy, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
1	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mary Smitham

18b. ATTENDANT AT BIRTH: M. D. ☐ MIDWIFE ☒ OTHER (Specify)

18c. ADDRESS: Rigby, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Dec. 10, 1919

20. REGISTRAR'S SIGNATURE: Ray H. Fisher

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23

ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art. with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(a) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Amended 3-20-63

(Be sure the information is complete and accurate)

State File No. 74606
Local Reg. No. 195
Reg. Dist. No. 98

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lee
b. (Middle): Oal
c. (Last): Waters

4. SEX: M.

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF BIRTH: (Month) Sept. (Day) 28, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Elmer
b. (Middle): E.
c. (Last): Waters

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Melba
b. (Middle):
c. (Last): Ormond

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
1	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mary Smitham

18b. ATTENDANT AT BIRTH: M. D. ☐ MIDWIFE ☒ OTHER (Specify)

18c. ADDRESS: Rigby, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Dec. 10, 1919

20. REGISTRAR'S SIGNATURE: Ray H. Fisher

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

ndence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Bonneville } ss.

Certificate No. 74606

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lee Oal Waters (Name on Original Certificate) who was born (Was Born or Died) on Sept 28, 1919 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthplace of Mother	Utah	Rudy, Idaho

Subscribed and sworn to before me this 10th day of June, 19 63

Notary Public, residing at Idaho Falls, Idaho
My commission expires 17th March 1966
(Seal)

Signed Melbie Ormond Waters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

562 E. St. Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of June, 19 63.

Notary Public, residing at Idaho Falls, Idaho
My commission expires k7 March 1966
(Seal)

Signed Viola B. Mayfield
(Signature of Any Credible Person)

1246 Sage ave, Id. Falls
(Street Address, City, State)

FORM DH 60-155

6-14-63 6-4-63

Another child's birth certificate on file, Idaho #230722, gives mother's birthplace as Rudy, Idaho. Viewed by V. S.

Family Group Genealogy, Identification Information, gives name of mother as Melbie Ormond, born Rudy, Idaho, Mar. 18, 1893. Viewed by V. S.
dated 1928

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson }

Certificate No. 74606

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lee Oal Waters (Name on Original Certificate) who was born (Was Born or Died) on Sept 8, 1919 (Date of Event) in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Sept 8, 1919	Sept 28, 1919

Subscribed and sworn to before me this 4th day of March, 19 63

Allen D. [illegible]

Notary Public, residing at Rigby, Idaho

My commission expires ~~My Commission expires May 1, 1964.~~ Rigby, Idaho
(Seal) Notary Public

Signed J. Elmer E. Waters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5629 St Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 19 63

Allen D. [illegible]

Notary Public, residing at Rigby, Idaho

My commission expires My Commission expires May 1, 1964. Rigby, Idaho
(Seal) Notary Public

Signed Leone Randall
(Signature of Any Credible Person)

Rte 2 Box 305 Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155

Documents that give correct date of birth of Lee Oal Waters:

Cettficate of Blessing gives date of birth as September 28, 1919. Issued November 10, 1919. Viewed by V. S.

Certificate of Baptism and Confirmation gives date of birth as September 28, 1919. Issued October 2, 1927. Viewed by V. S.

PLACE OF BIRTH

Form V. S. No. 11—25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74606

County of Jefferson

City of Rigby

No. ____ St. ____

Registration District No. 98

Primary Registration District No. 2176

File No. ____

Registered No. 195

Hospital ____

Full Name of Child Lee Dal Waters

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M	Twin		yes	9-8-19

FATHER		MOTHER	
FULL NAME	Elmer E Waters	FULL MAIDEN NAME	Melba Ormond
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 2nd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smithard

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed Dec 10 1919 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1963

JAN 14 1963

DECEASED

613-228-026-694

Amended 6-14-63

(Be sure the information is complete and accurate)

State File No. 74607

Local Reg. No. 196

Reg. Dist. No. 98

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Jefferson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Jefferson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Leorial

b. (Middle):

c. (Last): Waters

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F.	SINGLE ☐ TWIN ☒ TRIPLET ☐	1ST ☐ 2ND ☒ 3RD ☐	Sept. 28, 1919

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Elmer	E.	Waters	W.

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Melba		Ormond	W.

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
26 YEARS	Rudy, Idaho	2	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mary Smitham

18b. ATTENDANT AT BIRTH: M. D. ☐ MIDWIFE ☒ OTHER (Specify)

18c. ADDRESS: Rigby, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Dec. 10, 1919

20. REGISTRAR'S SIGNATURE: Ray H. Fisher

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

Send Evidence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery:

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe .....

(e) Signature of Physician:

Amended 3-20-63 (Be sure the information is complete and accurate)

State File No. 74607
Local Reg. No. 196
Reg. Dist. No. 98

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Leorial
b. (Middle):
c. (Last): Waters

4. SEX: F.

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF BIRTH: (Month) Sept. (Day) 28, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Elmer
b. (Middle): E.
c. (Last): Waters

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Melba
b. (Middle):
c. (Last): Ormond

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mary Smitham

18b. ATTENDANT AT BIRTH: M. D. ☐ MIDWIFE ☒ OTHER (Specify)

18c. ADDRESS: Rigby, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Dec. 10, 1919

20. REGISTRAR'S SIGNATURE: Ray H. Fisher

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 74607

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Leorial Waters (Name on Original Certificate) who was born (Was Born or Died) on Sept 8, 1919 (Date of Event) in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Sept 8, 1919	Sept 28, 1919

Subscribed and sworn to before me this 4th day of March, 1963.

Allen Dayton

Notary Public, residing at Rigby, Idaho

My commission expires May 1, 1964.

(Seal) Notary Public Rigby, Idaho

Signed Elmer E. Waters

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

562 2nd St Idaho Falls Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 1963.

Allen Dayton

Notary Public, residing at Rigby, Idaho

My commission expires May 1, 1964.

(Seal) Notary Public Rigby, Idaho

Signed Leone Randall

(Signature of Any Credible Person)

Rte 2 Box 305 Idaho Falls Idaho

(Street Address, City, State)

FORM DH 60-155

Documents of Leorial Waters that prove her date of birth as September 28, 1919:

Certificate of Blessing, gives date of Birth as September 28, 1919, Issued Nov. 10, 1919. Viewed by V. S.

Certificate of Baptism and Confirmation gives date of birth as September 28, Issued Oct. 2, 1927. Viewed by V. S.

Own child's birth cert. on file Idaho #52-5185, gives age of mother as 32. Child born May 29, 1952. Viewed by V. S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 74607

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Leorial Waters (Name on Original Certificate) who was born (Was Born or Died) on Sept 28, 1919 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthplace of Mother	Utah	Rudy, Idaho

Subscribed and sworn to before me this 10th day of June, 1963

Clara F. Jenkins

Notary Public, residing at Idaho Falls, Idaho
My commission expires 17 March 1966
(Seal)

Signed Melbie Ormond Waters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

562 D. St. Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of June, 1963

Clara F. Jenkins

Notary Public, residing at Idaho Falls, Idaho
My commission expires 17 March 1966
(Seal)

Signed Viola B. Mayfield
(Signature of Any Credible Person)

1246 Sage ave Id. Falls Idaho
(Street Address, City, State)

FORM DH 60-155

Copied #05940

6-4-63

Another child's birth certificate, Idaho #230722, gives mother's birthplace of Rudy, Idaho. Viewed by V. S.

Family Group Genealogy, Identification Information, gives name of mother as Melbie Ormond, born Rudy, Idaho, Mar. 18, 1893. Viewed by V. S. dated 1928

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74607

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 196

Full Name of Child Leorial Waters

SEX OF CHILD: F	Twin Triplet or other? Twin and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 9 (Month) 8 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Waters	FULL MAIDEN NAME	Melba Ormond
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smithams

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address Rigby Idaho

Filed Dec 10 1919 Ray H Fisher Registrar

MAR 21 1963

JUN 14 1963

DEC 9 1974

DECLASSIFIED

154-207-026-613

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Registration District No. 98

File No. 74608

Primary Registration District No. 2176

Registered No. 197

Hospital _____

Full Name of Child _____

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 9 (Month) - 7 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Anderson	FULL MAIDEN NAME	Edna Waters
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Registrar

Address Rigby Idaho

Filed 12/10 1919 Roy H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

865-226-026-681

PLACE OF BIRTH

County of Jefferson

City of Annis

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

74609

Registration District No. 98

File No. _____

Primary Registration District No. 2176

Registered No. 198

Full Name of Child Sataco Hombo

SEX OF CHILD	F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	7 (Month) – 26 (Day) – 19 (Year)				

FATHER		MOTHER	
FULL NAME	M. Hombo	FULL MAIDEN NAME	Kasa O'Hara
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

1st copy issued, Nov. 4, 1939

2nd copy issued, Dec. 5, 1941

Registrar

Filed 12/10/19 19 J. Rayl Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First copy issued Nov. 4, 1939

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 335-226-026-219

[redacted]

Form V. S. No. 11—25m-6-15-18

[redacted] OF IDAHO
[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 74610

Registered No. 199

Full Name of Child .....

SEX OF CHILD: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Aug 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sherman Cleveland	FULL MAIDEN NAME	Ada Barney
RESIDENCE	unknown	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	unknown	BIRTHPLACE	Utah
OCCUPATION	"	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Given names added from a supplemental report

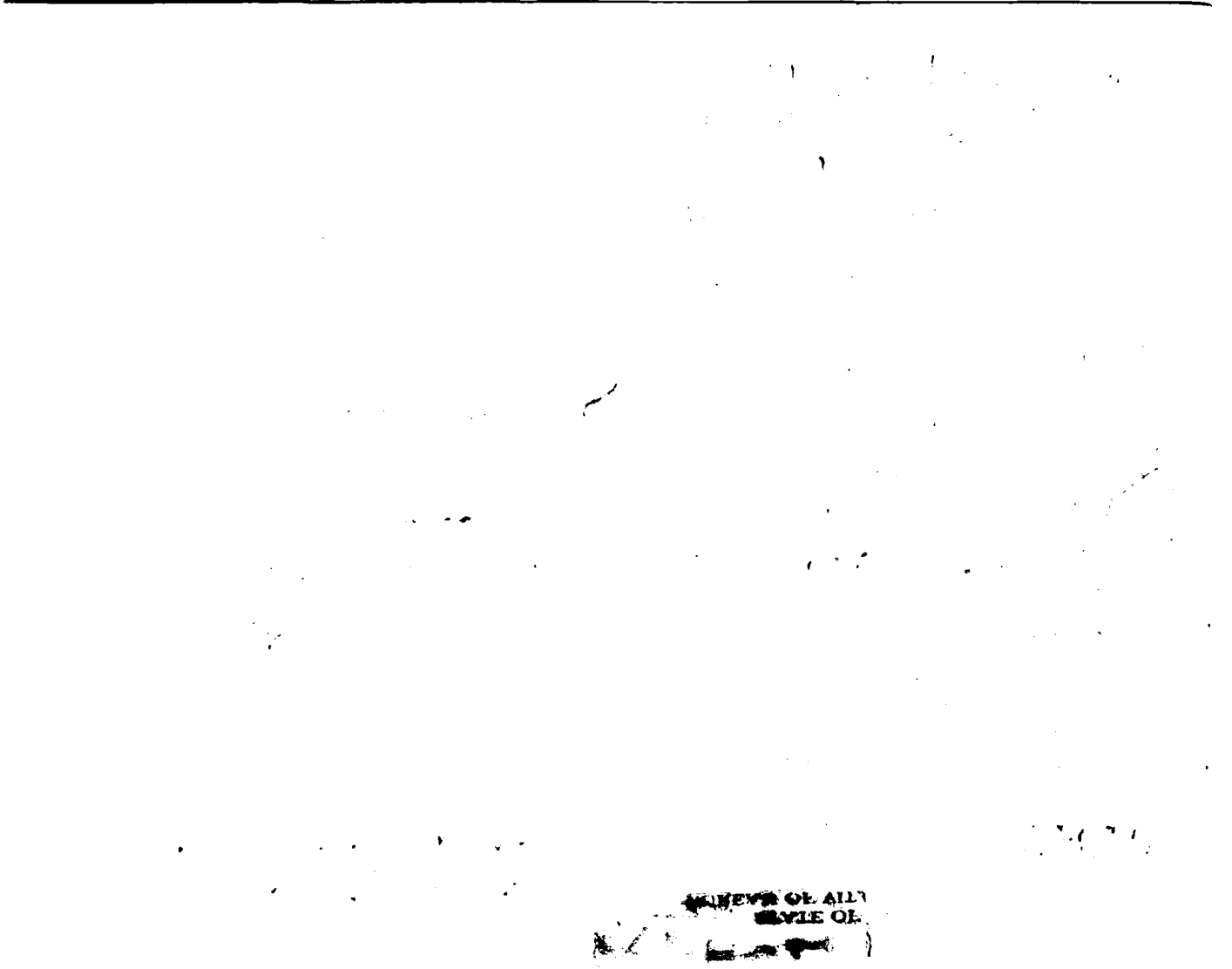
..... 19....

Address Rigby Idaho

Filed 12/10 1919 Ray H. Fisher

Registrar

Registrar



292-116-026-463

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74611

County of Jefferson

City of Rigby RD 1

No. ..... St.

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 201

Hospital .....

Full Name of Child Susumu Kishiyama

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Oct 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kuta Kishiyama	FULL MAIDEN NAME	Ito Mochizuki
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Rigby Idaho

Filed 12/10 1919 Ray H. Fisher
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-103-026-835

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 74612

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 202

Full Name of Child Wilson Isamu Kubo

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	8-3-19

	FATHER	MOTHER
FULL NAME	Yonezo Kubo	FULL MAIDEN NAME Y. Ohara Ytne
RESIDENCE	Annis	RESIDENCE Annis
COLOR	Yellow	COLOR Yellow
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Japan	BIRTHPLACE Japan
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham
(Physician or midwife)

Address Rigby, Idaho

Filed 12/10/1919 Mary H. Fisher
Registrar

Given names added from a supplemental report

....19....

....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-206-026-242

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

74613

Registration District No. 98

File No. ____

Primary Registration District No. 2176

Registered No. 204

Full Name of Child ____

SEX OF CHILD: I	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: 8 (Month) 6 (Day) 19 (Year)	

FATHER		MOTHER	
FULL NAME	Will William	FULL MAIDEN NAME	Ann Bush
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 9 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smithan

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed 12/10 19 19 Ray A Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-225-026-465

PLACE OF BIRTH amended 10/20/80

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74614

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 **File No.** .....

Primary Registration District No. 2176 **Registered No.** 205

Full Name of Child Laura Evern Berrett

SEX OF CHILD: X	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 10-25-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Berrett	FULL MAIDEN NAME	Myrtle Montague
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Menan - Idaho

Filed 12/10 1919 Ray H Fisher

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
AUG 11 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____

Certificate No. 74614
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Berrett (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 25, 1919 (Date of Event)

in Menan (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Laura Evern Berrett
Spelling of Fathers Last Name	Barrett	Berrett

Subscribed and sworn to before me this 28th day of July, 1980.

Notary Public, Mary Jean Riley
Residing at Butte, Montana
My commission expires 8/31/81
(Seal)

Evern Berrett Richards
Signature of Applicant

1638 Sampson Butte Mont. 59701
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Baptism from the LDS Church gives name as Laura Evern Berrett duaghter of Lewis Berrett and Myrtle Montague born Oct 25, 1919 at Menan Idaho. Baptized Nov 5 1927. viewed by V. S.

OCT 2 C 1980

Certif of Birth from the LDS Church gives name as Laura Evern Berrett born Oct 25, 1919 at Mena, Idaho. father's name as Berrett, Lewis and mother's name as Myrtle Montague. ente5ed on record Nov 6, 1927. viewed by V. S.

792-230-026-993

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 74615

Registered No. 206

Full Name of Child .....

SEX OF CHILD: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 10 - 30 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. D. Gibson	FULL MAIDEN NAME	Nettie Richardson
RESIDENCE	~~Utah~~ Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 noon M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody
(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Menan

Filed 12/10 1919 Ray H Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-117-026-632

PLACE OF BIRTH

County of Jefferson

City of Ridgly (St)

No.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 74616

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 207

Full Name of Child Victor Thompson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		Yes	Nov 17 19

FATHER

FULL NAME John W. Thompson

RESIDENCE Clarkston Utah

COLOR W AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna E Olsen

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Galen C. Paxton

(Physician or Midwife)

Address Ridgly Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed 12/10 19 19 Registrar

415-113-026-613

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74617

County of Jefferson

City of Clark

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 208

Full Name of Child Dan Walker Davis

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Nov 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Head Davis	FULL MAIDEN NAME	F. E. Walker
RESIDENCE	Clark	RESIDENCE	Clark
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Address Rigby Idaho

Filed 12/10 1919 Ray H. Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1958

339-2[illegible]-235
PLA[illegible]

Form [illegible] S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74618

County of Jefferson

City of Menan

No. _____ St.

Hospital _____

Registration District No. 98

Primary Registration District No. 2176

File No. _____

Registered No. 209

Full Name of Child VIOLET CLIFFORD

SEX OF CHILD: F	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 11 (Month) – 20 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Orrin C. Clifford	FULL MAIDEN NAME	Grace Stevens
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address Menan Idaho

Filed 12/10 1919 Ray H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson

Certificate No. 74618
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Nov 19. 1941 (Birth or ~~death~~)
for unnamed Clifford (Name on original certificate) who Nov 19 1941 (Was born or ~~died~~) on (Date of event)
in Menan Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	unnamed Clifford	Violet Clifford
Violet Clifford		Violet Clifford
Nov 19. 1919		

Subscribed and sworn to before me this 10 day of Dec, 1941
Austin C. Green
Notary Public, residing at Menan
My commission expires Dec. 20-43
[SEAL]

Signed Orrin C. Clifford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Menan, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of Dec, 1941
Austin C. Green
Notary Public, residing at Menan
My commission expires Dec. 20-43
[SEAL]

Signed Orville J. Larsen
(Signature of any credible person other than the previous affiant.)
Clerk of the Menan Ward L.D.S. Church
Menan, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 18 1941

JUN 22 1954

JAN 11 1957

APR 17 1944

319-101-026-249

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 74619

Primary Registration District No. 2176 Registered No. 210

Full Name of Child Ivan Leo Larsen

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12-1-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo M. Larsen	FULL MAIDEN NAME	Elsie M. Smith
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Menan

Filed 12/10 1919 Ray H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1941

213-207-026-7-53

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74620

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 211

Full Name of Child Leta Gladys Bates

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Sept 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. Lee Bates	FULL MAIDEN NAME	Mary Peterson
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Ririe Idaho

Filed 12/10 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1914

244-226-026-339

PLACE OF BIRTH

County of Jefferson

City of Kirie

No. Name added 1-28-81 St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **74621**

Registration District No. 98 **File No.**

Primary Registration District No. 2176 **Registered No.** 212

Full Name of Child THELMA RUTH SUMMERS

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Nov 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm H. Summers	FULL MAIDEN NAME	Elsie Clifford
RESIDENCE	Kirie	RESIDENCE	Kirie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Kirie, Idaho

Filed 12/10 1919 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1 1969

12-10-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 74623
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Summers (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 26, 1919 (Date of Event)

in Ririe (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Thelma Ruth Summers

Subscribed and sworn to before me this 17th day of December, 1980.

Notary Public, Nellie H Garner
Residing at Rexburg Idaho
My commission expires Jan 1983
(Seal)

Thelma Ruth McMurtrey
Signature of Applicant
Box 49 Star Rt Ririe Ida 83443
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of December, 1980

Notary Public, Nellie H Garner
Residing at Rexburg Idaho
My commission expires Jan 1983
(Seal)

Ben Summers
Supporting Signature
170 So. 1st West Rexburg Idaho
Street Address, City, State

lcc pd

Ricks College Record gives name as Thelma Ruth Summers born November 26, 1919 at Ririe, Jefferson County, Idaho. Msrried Alma Marion McMurtrey April 27,1939, Record in book, "Summers Heritage" on file in Library.

Viewed by V.S.

Family Record, Important Events, ETC, Thelma Ruth Summers born at Ririe, Idaho November 26, 1919, and Blessed April 4, 1920, Baptized Feb. 4, 1928. Married Apı April 27, 1929.
Viewed by V.S.

599-211-026-766

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74622

County of Jefferson

City of Lewisville

Registration District No. 98

File No.

No. St.

Primary Registration District No. 2176

Registered No. 214

Hospital

Full Name of Child Lelia Josephine Erickson

SEX OF CHILD: L	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Nov 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph E. Erickson	FULL MAIDEN NAME	Dora N. Goody
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Rigby Idaho

Filed 12/10 1919 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-106-026-667

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74623

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 215

Full Name of Child Alonza Alma Haddon

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Nov 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charley Haddon	FULL MAIDEN NAME	Desdemona Fox
RESIDENCE	Antelope	RESIDENCE	Antelope
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Ririe Idaho

Filed 12/10 1919 Ray H Fisher
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-121-026-242

PLACE OF BIRTH

County of Jefferson

City of Rexburg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 74624

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 216

Full Name of Child Reed Bush Hayes

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	Nov 21 19

FATHER		MOTHER	
FULL NAME	Isaac B. Hayes	FULL MAIDEN NAME	Minnie Bush
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 12/10 1919 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V

APR 27 1944

DECEASED

225-214-026-245

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

74625

File No. .....

Registered No. 217

Full Name of Child Denice Brewer

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Nov 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas D. Brewer	FULL MAIDEN NAME	Mary M Durrant
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Wyo -
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Ririe Idaho

Filed 12/10 1919 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1941

FEB 16 1971

OCT 31 2001

365-215-026-279

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. _____ St.

Hospital _____

[redacted]

Form V. S. No. 11—25m-6-15-18

74626

Registration District No. 10 File No. _____

Primary Registration District No. 2176 Registered No. 218

Full Name of Child Roma Louise Lovell

SEX OF CHILD: F	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth:	Legitimate? Yes	DATE OF BIRTH: Sept 15 19 (Month) (Day) (Year) 19

FATHER		MOTHER	
FULL NAME	John F Lovell	FULL MAIDEN NAME	Jennie E. Spiers
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Australia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 8 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Address Ririe Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10 19 19 Ralph Fisher Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

713-114-026-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Kirie

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 74627

Primary Registration District No. 2176 Registered No. 219

Full Name of Child Wm Blain Gallup

SEX OF CHILD	M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	Aug 14 (Month) (Day)	19 (Year)			

FATHER		MOTHER	
FULL NAME	A. E. L. Gallup	FULL MAIDEN NAME	Lola G. Morgan
RESIDENCE	Kirie	RESIDENCE	Kirie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price
(Physician or midwife)

Address Kirie

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10 19 19 Ray H Fisher
Registrar

719-210-026-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 74628

Primary Registration District No. 2176 Registered No. 220

Full Name of Child Margie Ruth Garrett

SEX OF CHILD F | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | DATE OF BIRTH Oct 10 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry S. Garrett	FULL MAIDEN NAME	Mildred Michle
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah		
OCCUPATION	Farmer	OCCUPATION	Housewife
		COLOR	W
		AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Utah

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price
(Physician or midwife)

Address Ririe

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/11 19 19 Ray K. Fisher
Registrar

653-221-026-858

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 74629

Primary Registration District No. 2176 Registered No. 222

Full Name of Child Helen B. Fell

SEX OF CHILD	F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	May 21 (Month, Day) 19 (Year)				

FATHER		MOTHER	
FULL NAME	Simon Fell	FULL MAIDEN NAME	Margret Weyrend
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10 19 19 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1955

493-208-026-459

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **74630**

County of Jefferson

City of Ririe

No. _____ St.

Hospital _____

Registration District No. 98

Primary Registration District No. 2176

File No. _____

Registered No. 223

Full Name of Child Ida Wanda Mickle

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Aug 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. S. Mickle	FULL MAIDEN NAME	Ida C. Merritt
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Wyo-
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Ririe

Filed 12/10 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914 - 118 - 026 - 355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rirrie

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74631

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 224

Full Name of Child Blain Art Radford

SEX OF CHILD: M	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth:		Legitimate? yes	DATE OF BIRTH: Oct (Month) 18 (Day) 19 (Year)	
FATHER			**MOTHER**		
FULL NAME: John E Radford			FULL MAIDEN NAME: Eva A. Tupples		
RESIDENCE: Rigby R3			RESIDENCE: Same		
COLOR: W	AGE AT LAST BIRTHDAY: 36 (Years)		COLOR: W	AGE AT LAST BIRTHDAY: 31 (Years)	
BIRTHPLACE: Utah			BIRTHPLACE: Utah		
OCCUPATION: Farmer			OCCUPATION: Housewife		

Number of child of this mother, including present birth: 5th Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Rirrie

Given names added from a supplemental report.

..... 19.....

Registrar

Address _____

Filed 12/10 19 19 Ray H Fisher

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 74631

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Death (BIRTH OR DEATH)
for Blain Art Radford (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Oct. 18, 1919 (DATE OF EVENT)
in Rigby Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ~~Oct~~ April 13 1942 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Blain Art Radford

Subscribed and sworn to before me this 13
day of April, 1942.

[signature]

Notary Public, residing at Rigby Idaho

My commission expires Nov. 20 1943
(SEAL)

Signed Eva A. Radford
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rigby, Idaho R.F.D. No 2
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of April, 1942.

[signature]

Notary Public, residing at Rigby Idaho.

My commission expires Nov. 20 1943
(SEAL)

Signed Norman T. Bell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT)

Rigby Idaho R.F.D. No 2
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 17 1942

713-227-026-363

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 74632

Registered No. 225

Full Name of Child Ruby Caroline Gallup

SEX OF CHILD: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: July 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. M. Gallup	FULL MAIDEN NAME	Rachel H. Coles
RESIDENCE	Antelope	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ririe

Filed 12/10 1919 Ray H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 8 54

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

83-223-026-719

PLACE OF BIRTH

County of Jefferson

City of Annis

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74633

Registration District No. 78 File No. _____

Primary Registration District No. 2176 Registered No. 226

Full Name of Child FREDA ESSIE HALL

SEX OF CHILD	F	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Yes
DATE OF BIRTH	Nov 22 (Month) (Day)	19 (Year)			

FATHER		MOTHER	
FULL NAME	Ira A Hall	FULL MAIDEN NAME	Vilate Park
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	AGE AT LAST BIRTHDAY	43 (Years)
COLOR	W	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address Rigby

_____ Registrar Filed 12/10 19 19 Ray H Fisher Registrar

MAR 13 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 74633

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Freda Essie Hall, (birth) (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Nov. 22nd 1919 (Date of Event)
in Annis Lorenzo-1, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 25th, 1919. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth-Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Freda Essie Hall

Subscribed and sworn to before me this 11th
day of March, 19 42

Wash R. Bennett
Notary Public, residing at Rigby, Idaho.
My commission expires Nov. 9th, 1942
(Seal)

Signed her mother Lucy V Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lorenzo-1, Idah .
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11
day of March, 19 42

Wash R. Bennett
Notary Public, residing at Rigby, Idaho.
My commission expires Nov. 9th, 1942
(Seal)

Signed E. R. Jones
(Signature of Any Credible Person Other Than Previous Year)

Rigby, Idaho.
(Street Address, City, State)

MAR 24 1942

643-226-026-766

PLACE OF BIRTH

County of Jefferson

City of Rigby #2

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 74634

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 229

Full Name of Child Edna Luella Fullmer

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
F.	✓	✓	yes	Nov. (Month) 26 (Day) 19 19 (Year)

FATHER

FULL NAME: Horace Fullmer.

RESIDENCE: Rigby.

COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary M. Pfost.

RESIDENCE: Rigby

COLOR: W AGE AT LAST BIRTHDAY: 22. (Years)

BIRTHPLACE: Ida

OCCUPATION: Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 4.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer (MD)

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Rigby Ida

Filed 12/16/19 Ralph Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1970

1-22-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74634

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Fullmer (Name on Original Certificate) who was born (Was Born or Died) on Nov. 26, 1919 (Date of Event) in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Edna Luella Fullmer

Subscribed and sworn to before me this 27 day of Jan., 1970

Notary Public, residing at Blackfoot

My commission expires Nov. 1 1972

(Seal)

X Signed Mary M. Fullmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RID #3 Box 265 Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of Jan., 1970

Notary Public, residing at Blackfoot

My commission expires Nov. 1, 1972

(Seal)

Signed Mrs. Ruby C. Christensen
(Signature of Any Credible Person)

265 West Francis Blackfoot Idaho
(Street Address, City, State)

FORM DH 60-155 (F)

Certificate of Blessing No. 129 dated Jan. 8, 1920 gives child's name as Edna Luella Fullmer daughter of Horace E. Fullmer and Mary M. Pfost. Born Nov. 26, 1919 at Clark, Idaho. Blessed Jan. 3, 1920.by Elder Walter Scholes. Signed by. Walter Sc Scholes, Bishop. Viewed by V. S.

MAY 11 1970

Insurance Policy from Metropolitan Life Insurance co. gives name as Edna L. Fullmer Dated Feb. 8. 1926. Age next birthday 7. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH 419-206-010-789

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-817

CERTIFICATE OF BIRTH

City of Idaho Falls — Registration District No. 73 — File No. 74635

No. ..... St. — Primary Registration District No. 2107 — Registered No. 221

Hospital .....

FULL NAME OF CHILD Lucille Catherine Mais

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 6 1919

FATHER	MOTHER
FULL NAME Joseph J. Mais	FULL MAIDEN NAME Mary Eva Phillipp
RESIDENCE Idaho Falls Ida.	RESIDENCE Idaho Falls Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Minn
OCCUPATION Farming	OCCUPATION Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 9 1919 [signature] Registrar

PLACE

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville

RECEIVED
JAN 3 1964
Bureau of Vital Statistics

Certificate No. 74635

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Mais (female child) Who Was born on Dec. 6, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Idaho Falls, Idaho are erroneous or were omitted; and that; to the best of his knowledge, the
(Place of Event)
true facts are shown by Baptismal Certificate & Ins. Policy prepared on 12/14/19 and 12/28/36, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lucille Catherine Mais

Subscribed and sworn to before me this 2nd day of January, 19 64

Bessie Gibson

Notary Public, residing at Idaho Falls, Ida.

My commission expires July 25, 1967

(Seal)

Signed [redacted]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January, 19 64

Bessie Gibson

Notary Public, residing at Idaho Falls, Idaho

My commission expires July 25, 1967

(Seal)

Signed Joseph Lawrence Mais
(Signature of Any Credible Person)

284 West 17th St. Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 12-30-63. one copy pd. rec. #13807.
and one copy pd. rec. #14003.

Child's Birth Cert. on file: (Idaho Birth) #373193 gives full maiden name of mother as Lucille Catherine Mais - viewed by V.S.

JAN 5 [illegible]

Prudential Life Insurance Policy, dated Dec. 28, 1938 gives full name of insured as Lucille C. Mais, age 19, born Dec. 6, 1919 at Idaho Falls, Idaho - beneficiary is given as Eva M. Mais, mother - insurance policy no. 10 452 196 - viewed by V.S.

Security Life and Accident Company, dated 8-31-49, policy no. P 71678. family group policy, gives head of the Family as Lloyd Stolworthy and his wife as Lucille Catherine Stolworthy, born Dec. 6, 1919 - viewed by V.S.

296-226-010-796

Form V. S. No. 11-C—[illegible]-17

PLACE OF BIRTH

Added child's name

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonneville 7-7-94 ms

CERTIFICATE OF BIRTH

City of Ucon

Registration District No. 73

File No. 74636

No. ..... St.

Primary Registration District No. 21 X D

Registered No. 238

Hospital Home

FULL NAME OF CHILD Inez Brough

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gilbert Brough	FULL MAIDEN NAME	Lillian Groom
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address Ucon Idaho

..... 19.....

Filed Dec 9 1919 [illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-12-94

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Washington
County of Franklin } ss. JUN 27 9 29 AM '94

Certificate No. 74636
Date Filed Dec. 9, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Brough (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 26, 1919 (Date of Event)

in Ucon (Bonneville) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Brough	Inez Brough

Subscribed and sworn to before me this 17th day of June, 19 94.
Notary Public, M. Darlene Keyes
Residing at Kennewick, Washington 99337
My commission expires 1-9-95
(Seal)

Inez B. Peterson
Signature of Applicant

3281 R-170 Mesa, Washington 99343
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Franklin } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 1994.
Notary Public, M. Darlene Keyes
Residing at Kennewick, Washington
My commission expires 1-9-95
(Seal)

Vaughn J. Peterson
Supporting Signature

3281 R-170 Mesa, Washington 99343
Street Address, City, State

lcc sent as is

State of Idaho Public School Diploma Jefferson County shows Inez Brough completed the course of study prescribed to be taught in th elementary schools May 12, 1933 viewed VS.

State of Idaho Certificate of Birth filed Nov. 2, 1940 file #302178 shows Vaughn Lynn Peterson was born Oct. 14, 1940 in Idaho Falls (Bonneville) ID to Vaughn J. Peterson and Inez Brough viewed VS.

Amended 3-17-60

PLACE OF BIRTH

383-203-010-464

County of Bonneville

City of Ucon

No. ____ St.

Hospital At Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 74637

Primary Registration District No. 2150 Registered No. 237

FULL NAME OF CHILD Jean Rowena Tyler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 3, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Andrews Tyler	FULL MAIDEN NAME	Helen Dodge
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

Midwife
(Physician or midwife)

Address Ucon, Ida.

Filed Dec. 9, 1919 Wm. Kinnaird
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 74637

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jean Roena Tyler (Name on Original Certificate) who born (Was Born or Died) on Nov. 3, 1919 (Date of Event)
in Ucon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on Baptism 19 Feb 1928 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Jean Roena Tyler	Jean Rowena Tyler
Mother's correct full birthdate	Not Given	x 29
	April 2 - 1890	

Subscribed and sworn to before me this 8th day of February, 1960.
Notary Public, residing at Ucon, Idaho
My commission expires March 13, 1961
(Seal)

Signed Andrew Tyler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ucon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of February, 1960.
Notary Public, residing at Ucon, Idaho
My commission expires March 13, 1961
(Seal)

Signed Lurvina Nielsen
(Signature of Any Credible Person)
Ucon Idaho
(Street Address, City, State)

FORM DPH 55. 155

CL 2-4-60. one copy pd. receipt #19949.

Own Child's Birth Cert. on file, #412423 gives full maiden name of mother as Jean Rowena Tyler - viewed by V.S.

~~Family Pedigree Chart, July 8, 1935,~~

Family Pedigree Chart, dated, July 8, 1935 gives full name of child as Jean Rowena Tyler, born Nov. 3, 1919 at Ucon, Idaho to Andrews Tyler, born Nov. 7, 1886 in Hebron, Utah and Helen Alice Dodge, born April 2, 1890 at Salt Lake City, Utah - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of birth in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

N C

County of Bonneville

City of Ucon

Registration District No. 73

File No. 74637

No. ..... St.

Primary Registration District No. 9150

Registered No. 237

Hospital House

FULL NAME OF CHILD Jean Roena Tyler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F. Female		Yes	Nov. (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Andrews Tyler	FULL MAIDEN NAME	Helen Dodge
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ucon Ida

Filed Dec 9 1919 [signature]

..... Registrar

..... Registrar

MAR 1 7 1980

415-128-010-383

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

Registration District No. 73

Primary Registration District No. 2170

File No. 74638

Registered No. 236

FULL NAME OF CHILD GEORGE MORGAN DAVIS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William T. Davis	FULL MAIDEN NAME	Ester Tyler
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ucon Ida

Filed Dec 9 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville

Certificate No. 74638

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George Morgan DAVIS (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on Oct 28-1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	George Morgan Davis

Subscribed and sworn to before me this 1st day of June, 1942

Notary Public, residing at Idaho Falls

My commission expires Jan 1-1945
(Seal)

Signed Luella Davis Holmgren
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

127-West 19th St (Street Address, City, State) Idaho Falls

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 2 1942

JUN 4 1912

916-202-010-914

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74639

County of Bonneville

City of Ucon

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2102

Registered No. 871

Hospital Home

FULL NAME OF CHILD Edna Irene Rawle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 2 1919

FATHER		MOTHER	
FULL NAME	Edward James Rawle	FULL MAIDEN NAME	Jessie Irene Rawle
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	England	COLOR	white
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Idaho
		OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Simmons

Midwife (Physician or midwife)

Address Ucon Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 9 19 19 [illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 2 1994

DECEASED

462-102-010-819

PLACE OF BIRTH

Form 1 No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74640

County of Bonneville

City of Ucon

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2143

Registered No. 234

Hospital Home

FULL NAME OF CHILD Willard Donald Moss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard N. Moss	FULL MAIDEN NAME	Mabel Rozilla Harmon
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:10 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address Ucon

Registrar

Filed Dec 9 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 74640

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Willard Donald Moss (Name on Original Certificate) who born (Was Born or Died) on Dec. 2, 1919 (Date of Event) in Ucon Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mothers affedavit (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	
Willard Donald Moss	was born at Ucon Idaho	Dec. 2nd 1919

Subscribed and sworn to before me this 1st day of May, 19 42.

F. M. Mack,
Notary Public, residing at Augusta

NOTARY PUBLIC for the State of Montana
Residing at Augusta, Montana
My Commission Expires April 8, 1943

My commission expires
(Seal)

Signed Mabel [Harmon] Moss,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of May, 1942

Arthur R. Miskin
Notary Public, residing at Ucon, Idaho

My commission expires April 13, 1945
(Seal)

Signed W. V. Harmon
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 7 1942

MAY 1 1 1942

719-229-010-259

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

Amended 1/22/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74641

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

Registration District No. 73

Primary Registration District No. 2110

File No. .....

Registered No. 233

FULL NAME OF CHILD Elda Beth Parkin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert Parkin	FULL MAIDEN NAME	Consuella Berrett
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10-45 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ucon Idaho

Filed Dec 1 1919 Wm Simmons Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 19 1 03 PM '79

State of Utah
County of Salt Lake } ss.

Certificate No. 74641
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Parkin (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 29, 1919 (Date of Event)

in Bonneville Co., Ucon, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Elda Beth Parkin

Subscribed and sworn to before me this 16th day of January, 1979.

Notary Public, James R. Lyman
Residing at Salt Lake City, Utah
My commission expires May 29, 1980
(Seal)

X Elda Beth Parkin Fullmer
Signature of Applicant

2334 Lincoln Lane
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

CL 1/11/79 RUSH

Certif of Blessing from the LDS Church gives name as Elda Beth Parkin daughter of Albert Parkin and Consuella Berrett. born Nov 29, 1919 at Ucon, Idaho Blessed Jan 4, 1920. viewed by V. S..

JAN 23 1979

Certif of Baptism from the LDS Church gives name as Elda Beth Parkin daughter of Albert Parkin and Consuella Berrett. born Nov 29, 1919 at Ucon, Iaaho. Baptized Aug 4, 1928. viewed by V. S.

165-118
010-993

PLACE OF BIRTH

S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74642

County of Bonneville

City of Ucon

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 210

Registered No. 232

Hospital Home

FULL NAME OF CHILD Ralph Henry Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 18 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Henry Jones	Ellen Ritter
RESIDENCE	Ucon	Ucon
COLOR / AGE AT LAST BIRTHDAY (Years)	white	Wh
BIRTHPLACE	England	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Simmons

midwife
(Physician or midwife)

Address Ucon Ida

Given names added from a supplemental report.

..... 19.....

Filed Dec 9 1919

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

SEP 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 74642
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ucon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parent's Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ucon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Ucon, Idaho

4. FULL NAME OF CHILD Ralph Henry Jones

5. Date of Birth of Child (Month, day, year) Aug. 18, 1919

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Henry Jones

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Stroud, Glostershire England (City or town) (State or foreign country)

14. Exact Occupation House Painter, self employ

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Ritter

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace New Athens, Illinois, U.S.A. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. ~~Number of children~~ of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ellen Ritter Jones (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Sarah J. Simmons M.D. Midwife Address Ucon, Idaho Date Sept. 14, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1942 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-101-010-613

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-1-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74643

County of Bonneville

City of Idaho Falls — Registration District No. 73 — File No.

No. ..... St. — Primary Registration District No. 2170 — Registered No. 231

Hospital

FULL NAME OF CHILD George Robison Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		3	yes	Dec 1 1919

FATHER		MOTHER	
FULL NAME	George Robison	FULL MAIDEN NAME	Jesse Wallace
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Lyman Idaho	BIRTHPLACE	Provo Utah
OCCUPATION	farming	OCCUPATION	housework

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Dec 1 1919, at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Robinson MD

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 6 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-103-010-442

PLACE OF BIRTH

Form V. S. No. 11-O—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 14644

No. ..... St.

Primary Registration District No. 2107

Registered No. 230

Hospital .....

FULL NAME OF CHILD James Burtenshaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Oct 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben Burtenshaw	FULL MAIDEN NAME	Rilla Murphy
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Oct 3 1919 (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

..... Registrar

Filed Dec 6 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/4/41 L. E.

A F F I D A V I T

State of Idaho,
County of Bonneville, ss.

Rilla Burtenshaw, being first duly sworn, on her oath deposes and says; that she is a citizen of the United States of America; that she was born August 22nd, 1878 in Morgan County, State of Utah; that she is the mother of JAMES BURTENSHAW of Idaho Falls, Bonneville County, Idaho; that the said JAMES BURTENSHAW was born in Bonneville County, Idaho, in what was known as the Shelton Precinct or Ward, in said County, on October 3rd, 1919; that at the time of said birth affiant made due record of said birth in a family record book, which said record confirms the above and foregoing statement relative to the date of birth of the said JAMES BURTENSHAW.

IN WITNESS WHEREOF, affiant has hereunto set her hand at Idaho Falls, Idaho, this 1st day of March, A.D. 1941.

Rilla Burtenshaw

Subscribed and sworn to before me this 1st day of March, 1941 at Idaho Falls, Idaho.

NOTARY PUBLIC
Residing at Idaho Falls, Idaho
My Commission Expires February 3rd, 1944.

168-113-010-396

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74645

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2107 Registered No. 229

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Oct. 13 1919

FATHER		MOTHER	
FULL NAME	Emil Johnson	FULL MAIDEN NAME	Cora Crow
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Chicago Ill	BIRTHPLACE	Prescott Iowa
OCCUPATION	Gorery Business	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct 9 1919 at 9:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Rodenmark

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

19

Registrar

Filed Dec 6 1919 [illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-126-010-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73

File No. 7496

No. ..... St.

Primary Registration District No. 2102

Registered No. 224

Hospital .....

FULL NAME OF CHILD GEORGE RUSSELL THOMAS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Sept 26 1919

FATHER		MOTHER	
FULL NAME	Louis Thomas	FULL MAIDEN NAME	Alice Davis
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Sept-26-1919 (Born alive or stillborn), at 2.00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 16 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville

Certificate No. 74646
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Unnamed Thomas (Name on original certificate) who was born (Was born or died) on Sept. 26, 1919 (Date of event) in Idaho Falls, Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts as shown by Record Book (Bible record, insurance policy, etc.) prepared on soon after birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Thomas	George Russell Thomas

Subscribed and sworn to before me this 25th day of November, 1941

Elizabeth E. Rodolph
Notary Public, residing at Culver City, California

My commission expires My Commission Expires November 1, 1941
[SEAL]

Signed Mary Alice Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3633 Midvale Ave Los Angeles Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of December, 1941

Albert S. Blanford
Notary Public, residing at 12310 Denice Blvd Los Angeles Calif

My commission expires July 22, 1942
[SEAL]

Signed Beth Evelyn
(Signature of any credible person other than the previous affiant.)

3754 Colonial Ave
(Street Address, City, State)
Los Angeles, Calif.

Received for filing on ..... By .....
(Registrar's signature)

FEB 5 1976

DEC 2 2 1941

243-123-010-23

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-5-17

STATE OF IDAHO
U OF VITAL STATISTICS
TIFICATE OF BIRTH

File No. 74647

County of Bonneville

City of Idaho Falls 23

No. 3 and A St.

Primary Registration District No. 2110

Registered No. 227

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 23 1919

FATHER		MOTHER	
FULL NAME	W. R. Butterfield	FULL MAIDEN NAME	Ellen Beckstead
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Freight manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Nov 23 1919, at 1 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 12/2 19 19 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1967

469-22-010 #168

PLACE OF BIRTH

6-2-97 MS

[illegible] CHILD'S NAME AND DATE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2110

File No. 74648

Registered No. 226

FULL NAME OF CHILD BETTY VALERIE MORLEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov ~~21~~ 23 1919

FATHER		MOTHER	
FULL NAME	Jos. Morley	FULL MAIDEN NAME	Astrid Johannesen
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Norway
OCCUPATION	Furniture Business	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov. 21 1919 at 3 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Registrar

Filed 12/2 1919 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 17 1969

5-28-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS
97 JUN -2 AM 9:19

State of IDAHO
County of BONNEVILLE } ss.

Certificate No. 1919-7464&
Date Filed DEC. 2, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED MORLEY (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 21, 1919 (Date of Event)

in IDAHO FALLS (BONNEVILLE) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED MORLEY	BETTY VALERIE MORLEY
CHILD'S DATE OF BIRTH	NOV. 21, 1919	NOV. 23, 1919

Subscribed and sworn to before me this 29TH day of MAY, 19 97.

Notary Public, Robert R. Ball

Residing at IDAHO FALLS, IDAHO

My commission expires NOVEMBER 04, 2000

(Seal)

x Betty Valerie Morley Ahlstrom
Signature of Applicant

578 Safstrom Pla Idaho Falls Id 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc sent asis

CERTIFICATE OF BAPTISM AND CONFIRMATION FROM THE LDS CHURCH SHOWS BETTY V. MORLEY BORN NOV. 23, 1919 IN IDAHO FALLS (BONNEVILLE) ID WAS BLESSED DEC. 11, 1927 VIEWED VS.

TEMPLE WORKER BOOK OF REMEMBRANCE VOLUME II 1984-1987 SHOWS BETTY MORLEY BORN NOV. 23, 1919 IN IDAHO FALLS WAS A WORKER JUNE 9, 1984 VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 12/12/42 SHOWS PAUL WENDELL AHLSTROM, JR. BORN OCT. 28, 1942 IN IDAHO FALLS (BONNEVILLE) ID TO BETTY VALLERIE MORLEY AND PAUL WENDELL AHLSTROM VIEWED VS.

168-225-010-249

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 74649

Primary Registration District No. 2140 Registered No. 221

FULL NAME OF CHILD Helen Virginia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	11 / 25 1919

FATHER		MOTHER	
FULL NAME	Ernest Johnson	FULL MAIDEN NAME	Bessie Bergren
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Chicago Ill.	BIRTHPLACE	Aurora Neb.
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov. 25 1919 at 1 30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodenquist MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida.

Filed 12/2 1919 [signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

343-202-010-231

PLACE OF BIRTH
name added 9-9-81

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74650

County of Bannock

City of Idaho Falls — Registration District No. 73 — File No.

No. ..... St. — Primary Registration District No. 2170 — Registered No. 227

Hospital

FULL NAME OF CHILD: Elsie Elnora Tuck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Miles E. Tuck	Frances Slauson
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Iowa	South Dakota
OCCUPATION	farmer	farmer

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Dec 2 1919, at 10-30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]

Physician (Physician or midwife)

Address Idaho Falls

Filed 12/2 19 19 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-14-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
AUG 28 1981

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Minidoka } ss.

Bureau of Vital Statistics

Certificate No. 74650
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Tuck (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-2-19 (Date of Event)

in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Elsie Elnora Tuck

Subscribed and sworn to before me this 21 day of August, 1986

Notary Public, [signature]
Residing at Burley Idaho
My commission expires Life
(Seal)

Elnora Tuck Stamm
Signature of Applicant

631 E 115 S Rupert Id
Street Address, City, State 83350

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

Birth Certificate from Santa Rosa, CA gives Judy Ann Langley born 6-27-48 to Elsie Elnora Langley. Viewed by V.S.

SEP 9 1981

Holy Rosary Church Cert of Baptism gives Elsie Tuck child of Mr & Mrs. Miles Eugene Tuck born 12-2-19 was baptised 12-7-19. Viewed by V.S.

533-205
010-137

PLACE OF [redacted]

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
[redacted]AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74651

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2140

Registered No. 223

Hospital

FULL NAME OF CHILD ELMA GEORGIA ELLISON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George T. Ellison	FULL MAIDEN NAME	Lester Alget
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 5 1919 (Born alive or stillborn), at 11.30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Filed 12/2 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1952

133-226-010-693

PLACE OF BIRTH

Amended 12/20/77

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. cor 1st & Emerson St.

Registration District No. 73 File No. 74652

Primary Registration District No. 2110 Registered No. 222

Hospital

FULL NAME OF CHILD Emma Allgood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	11-26 19 19

FATHER

FULL NAME William Allgood

RESIDENCE Idaho Falls Ida

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Wyo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Irene Hickham

RESIDENCE Idaho Falls Ida

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Franklin Ida

OCCUPATION House Wife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, born at 5, 13 Q M. on the date above stated.

(Born alive or stillborn)

(Signature) [signature] MD

(Physician or midwife)

Address Idaho Falls Ida.

Filed Nov. 28 19 19 [signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 20 2 24 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 74652

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Algood (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 26, 1919 (Date of Event)

in Idaho Falls, Idaho (Bonneville) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	UnnamedAlgood	Emma Allgood
father's last name	Algood	Allgood

Subscribed and sworn to before me this 20th day of December, 1977

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

419 Maple Nampa, Ida 83651
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

marriage license and Certif from Idaho gives name as Emma Allgood and groom's name as George E. Liljenquist dated Aug 25, 1941.m viewed by V. S. jr.

DEC 20 1977

Own child's birth certificate ~~on~~ ~~fr~~ from Mercy Hospital gives child's name as Elaine Liljenquist, ~~Jr~~ born March 2, 1948. gives father's name as Geo. E. Liljenquist, Jr. and mother's name as Emma Allgood. viewed by V. S.

959-208
026-496

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74653

County of [redacted]

City of Annis

No. _____ St.

Hospital _____

Registration District No. 98

File No. _____

Primary Registration District No. 2176

Registered No. 230

Full Name of Child Beulah Merrill

SEX OF CHILD: F.	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Nov. (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Eldon Merrill	FULL MAIDEN NAME	Nancy Dinsdale
RESIDENCE	Annis.	RESIDENCE	Annis.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27.	AGE AT LAST BIRTHDAY (Years)	27.
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 00 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer (M.C.)

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Rigby Ida

Filed 12/10 1919 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1968

FEB 2 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 74653

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Merrill (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 8, 1919 (Date of Event)
in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Beulah Merrill

Subscribed and sworn to before me this 5th day of January, 19 62

Notary Public, residing at Idaho Falls, Idaho
My commission expires 11/1/70
(Seal)

Signed Eldon E. Merrill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Bonneville Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of January, 19 62

Notary Public, residing at Idaho Falls, Idaho
My commission expires 11/1/70
(Seal)

Signed (1) Lynnel Caldwell
(Signature of Any Credible Person)

2150 E. 17th St. Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1-3-68. mm / copy pd. Jan 26994 - 2-2-68

Own child's birth certificate, On file Idaho, File #297431, gives name of mother as Beulah Merrill, age 20, born Annis, Idaho.

Certificate of Baptism and Confirmation, L.D.S. Church, baptized June 20, 1928, gives name as Beulah Merrill, born Nov. 8, 1919, at Annis, Jefferson, Idaho, Parents Eldon Merrill and Nancy Dinsdale - viewed by V.S.

753-115-026-156

name added 4-29-85 dl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Garfield

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 74654

Primary Registration District No. 2176 Registered No. 231

Full Name of Child Lee Sylvester Peterson

SEX OF CHILD: M.	Twin / Triplet or other? (To be answered only in event of plural births): — and Number in order of birth: —	Legitimate? yes.	DATE OF BIRTH: Oct. 15 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: J. H. Peterson.	FULL MAIDEN NAME: Florence M. Jeffs.
RESIDENCE: Garfield	RESIDENCE: Garfield
COLOR: W. AGE AT LAST BIRTHDAY: 37. (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 31. (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Utah
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 5. Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9. a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M. D.

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/10 19 19 Ray H. Fisher

Registrar

K

4-19-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR ADD TO AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF

State of Idaho
County of Jerome } ss.

APR 23 4 12 PM '85

Certificate No. 74654
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Peterson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 15, 1919 (Date of Event)

in Garfield (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lee Sylvester Peterson

Subscribed and sworn to before me this 23rd day of April, 19 85

Notary Public, Merna Johnson

Residing at Jerome, Idaho

My commission expires 4/29/88

(Seal)

x Lee S. Peterson
Signature of Applicant

x Route 3 Box 3121, Jerome, Idaho 83338
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of April, 19 85

Notary Public, Merna Johnson

Residing at Jerome, Idaho

My commission expires 4/29/88

(Seal)

Ronald K. Horne
Supporting Signature

419 East E, Jerome, Idaho 83338
Street Address, City, State

rec credit

Certificate of Ordination to office of a Deacon in LDS Church gives Lee Sylvester Peterson son of John Henry Peterson and Florence M. Jeffs. was ordained on Dec 6, 1931. Viewed by V.S.

APR 29 1985

Certificate of Baptism from LDS Church gives Lee Sylvester Peterson son of John Henry Peterson and Florece Jeffs born Oct 15, 1919 in Idaho was baptised Nov 5, 1927. Viewed by V.S.

419-115-026-619

PLACE OF BIRTH

County of Jefferson

City of Rigby #7

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 74655

Primary Registration District No. 2176 Registered No. 232

Full Name of Child _____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	Oct 15 1919

FATHER

FULL NAME W. A. Marler

RESIDENCE Rigby

COLOR W. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Ida.

OCCUPATION Janitor High School

MOTHER

FULL MAIDEN NAME Mary Dorothy Farnandez

RESIDENCE Rigby

COLOR W. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Eng

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn), at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M. D.

(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/10 1919 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-122-026-613

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 74656

Registered No. 233

Full Name of Child _____

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.	~	~	yes	Nov. 22 1918

FATHER		MOTHER	
FULL NAME	J. R Moses.	FULL MAIDEN NAME	Mary Wallace
RESIDENCE	Lorenzo.	RESIDENCE	Lorenzo
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	53.	AGE AT LAST BIRTHDAY (Years)	43.
BIRTHPLACE	Utah.	BIRTHPLACE	Scotland
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 11. Number of children of this mother now living, including present birth 10.

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn), at 6 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer. (M. D.)

(Physician or midwife)

Address Rigby Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/10 1919 Ralph Fisher

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-122-026-318 name added 8-15-84 dl

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

No. _____ St.

Hospital _____

Registration District No. 98

Primary Registration District No. 2176

File No. 74657

Registered No. 234

Full Name of Child William Paul Allred

SEX OF CHILD: M.	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Oct (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Coral Allred	FULL MAIDEN NAME	Annie Taylor
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer (M.C.)
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Rigby Ida

Filed 10/10 1919 Ray H Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

6-22-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

ORIGINAL
BUREAU OF
VITAL STATISTICS
AUG 14 1 35 PM '84

State of Idaho
County of Jefferson } ss.

Certificate No. 74657
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Allred (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 22, 1919 (Date of Event)

in Lorenzo (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	William Paul Allred

Subscribed and sworn to before me this 10th day of August, 1984.

Notary Public, Dan Allred
Residing at Rigby, Idaho
My commission expires life
(Seal)

x William Paul Allred
Signature of Applicant
x Rt 3, Box 39 Rigby, Idaho 83442
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of August, 1984.

Notary Public, Dan Allred
Residing at Rigby, Idaho
My commission expires life
(Seal)

Wayne E. Tibbitts
Supporting Signature
Rt 3 Box 212. Rigby Id. 83442
Street Address, City, State

1 cc pd

Baptism record from LDS Church gives William Paul Allred son of William Coral Allred and Annie Foster Taylor born Oct 22, 1919 was baptised Dec 28, 1929. Viewed by V.S.

AUG 15 1984

Honorable Discharge for U.S. Armed Forces lists William P. Allred born Oct 22, 1919 in Lorenzo, Idaho, was discharged June 18, 1946. Viewed by V.S.

619-203-0 26-867

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74658

County of Jefferson

City of Rigby #3

No. _____ St.

Hospital _____

Registration District No. 98

Primary Registration District No. 2176

File No. _____

Registered No. 235

Full Name of Child Josie Arletta Farmer

SEX OF CHILD: F	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Nov (Month) -3- (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jas. W. Farmer	FULL MAIDEN NAME	Arletta Hopkins
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 55 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer (M.C.)

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Rigby Ida

Filed 12/10 1919 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 8 28 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 74658

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Farmer (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 3, 1919 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Josie Arletta Farmer

Subscribed and sworn to before me this 20 day of Sept, 19 76

Notary Public, residing at Boise, Idaho
My commission expires July 16, 1977
(Seal)

X Signed Isabell Sweden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of September, 19 76

Notary Public, residing at 1735 N. Colfax
My commission expires
(Seal)

Signed Thurman L. Bevington
(Signature of Any Credible Person)

5716 S.E. 123rd. Portland, Ore. 97236
(Street Address, City, State)

FORM DH 60-155 CL 9/8/75

FEB 16 1977

Membership record from the LDS Church gives name as Josei A. Farmer Marcusen born Nov 3, 1919 at Rigby, Idaho. Father;s bame as Joseph William Farmer and mother name as Ida Arletta Hopkins. Bleessed Dec 1919, Baptized Dec. 1927. viewed by V. S.

Certif of Birth from the LDS Church gives namea s Josie Arletta Farmer born Nov 3, 1919 at Rigby, Idaho. father's name as Joseph W. Farmer and mother's name as Ida Hopkins. enterd on record Spet 2, 1928. viewed by V. S.

Certif o marriage from Utah gives names as Robert Neel Marcusen and Josie Arletta Farmer Young. dated April 25, 1941. viewed by V. S.

219-106-026-652

PLACE OF BIRTH

County of Jefferson

City of Grant

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-16-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 74659

Primary Registration District No. 2176 Registered No. 236

Full Name of Child THAYNE SARGENT

SEX OF CHILD M.	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Nov. (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. A. Sargent	FULL MAIDEN NAME	Elva Webster
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer (M.C.)
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Rigby Ida

Filed 12/10 1919 Roy H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 74659

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Thayne Sargent (Name on Original Certificate) who Born (Was Born or Died) on November 6, 1919 (Date of Event)
in Grant, Jefferson County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Thayne Sargent

Subscribed and sworn to before me this 26th. day of February, 1942

Arthur R. Smith

Notary Public, residing at Ucon Idaho

My commission expires April 13, 1945 (Seal)

Signed Elva Sargent, Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1942

Arthur R. Smith

Notary Public, residing at Ucon Idaho

My commission expires April 13, 1945 (Seal)

Signed Burt Sargent
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 1945

845-111-026-418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74660

Registration District No. 98 File No. .....

Primary Registration District No. 2126 Registered No. 237

Full Name of Child Gilbert Reed Hunter

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.	—	—	yes.	Nov. 11 1919.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G. W. Hunter	Maude Maynard
RESIDENCE	Lewisville	Lewisville
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Ida.	Penn
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 00 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer (M. D.)

(Physician or midwife)

Address Rigby Ida

Filed 12/10 19 19 Ralph Fisher
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
FEB 23 8 27 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 74660

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hunter (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 11, 1919 (Date of Event)

in Lewisville, Idaho (Jefferson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed-	Gilbert Reed Hunter

Subscribed and sworn to before me this 23 day of February 1977

Donald C. Archibald

Notary Public, residing at Rigby, Idaho

My commission expires Lifetime

(Seal)

Signed Israel Hall, M.D.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

275 N 2nd West, Rigby, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/22/77 Rush!

Ins. Policy from Beneficial Life Ins Co gives nameas Gilbert Reed and beneficiary name as Nona C. Hunter.. dted March 20, 1944. vie ed by V. S. FEB 28 1977

Certif of Baptism and Confirmation from the LDS Church gives name as Gilbert Reed Hunter. son of Gilbert Hunter and Maud A. Maynard. born Nov. 11, 1919 at Lewisville, Idaho. Baptized June 30 1928. viewed by V. S.

259-120-026-693

PLACE OF BIRTH

County of Jefferson

City of Rigby #1

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 74661

Primary Registration District No. 2176 Registered No. 238

Full Name of Child .....

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.	✓	✓	yes.	Nov 20 1918

FATHER		MOTHER	
FULL NAME	R L. Kerr.	FULL MAIDEN NAME	Ethel Maude Wilson
RESIDENCE	Rigby.	RESIDENCE	Rigby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31.	AGE AT LAST BIRTHDAY (Years)	30.
BIRTHPLACE	Utah	BIRTHPLACE	New Zeland
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer (M.D.)
(Physician or midwife)

Address Rigby Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/10 19 19 Ray H Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-201-026-491

PLACE OF BIRTH

Amended 7/2/79

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Annis

No. _____ St.

Hospital _____

Registration District No. 98

Primary Registration District No. 2176

File No. 74662

Registered No. 239

Full Name of Child Annie Strupp

SEX OF CHILD: F	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Nov. (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Strupp	FULL MAIDEN NAME	Etta Drake
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer (M.C.)

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Rigby Ida

Filed 12/10 1919 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 20 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 11 2 59 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Madison } ss.

Certificate No. 74662

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Strupp (Female) (Name on Original Certificate) who was born (Was Born or Died) on November 1, 1919 (Date of Event)
in Annis (Jefferson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on November 1, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Annie Strupp

Subscribed and sworn to before me this 30th day of May, 19 79

Notary Public, residing at Rexburg, Idaho
My commission expires 9-1-82
(Seal)

Signed G. Ty Mabel Drake Strupp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Menan, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of May, 19 79

Notary Public, residing at Rexburg, Idaho
My commission expires 9-1-82
(Seal)

Signed Nanette Blanchard
(Signature of Any Credible Person)

Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155

Family Bible record gives name as Annie Strupp born Nov 1, 1919 at Annis, Idaho born to Frank Strupp and Etta Mabel Drake. viewed by V. S. JUL 3 1979

Diploma from Idaho for Public schools gives nameas Annie Strupp. dated May17, 1934. viwed by V. S.

235-122 004-445

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74663

County of Bear Lake

City of Bloomington

Registration District No. 33

File No. 403

No. ..... St.

Primary Registration District No. 2132

Registered No. .....

Hospital .....

FULL NAME OF CHILD Paul Rayford Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) - 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Rayford R Stevens	FULL MAIDEN NAME	Verona Dunford
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 55 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris Ida

Filed 12-10 1919

..... Registrar

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 1 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Bear Lake } ss.

Certificate No. 74663

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for (no name) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 22, 1919 (Date of Event) in Bloomington, Bear Lake Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by & Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on 2/1/20 and 12/25/27 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	(no name)	Paul Rayford Stevens

Viewed by V.S.

Subscribed and sworn to before me this 30th day of March, 19 57

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1958
(Seal)

Signed [signature] Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paris, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 19 57

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1958
(Seal)

Signed R. Rayford Stevens Father
(Signature of Any Credible Person)

Paris, Idaho
(Street Address, City, State)

FORM DPH 55.155

one copy paid

APR 15 1857

275-223-004-557

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74664

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 33

File No. 405

Primary Registration District No. 2132

Registered No. .....

FULL NAME OF CHILD Irene Spencer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	11 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Herbert Leo Spencer	FULL MAIDEN NAME	Sytje Engelche
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Holand
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Fulton

M D

(Physician or midwife)

Given names added from a supplemental report.

Address Paris Ida

..... 19.....

Filed 12 - 10 1919

..... Registrar

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Record, made out by Frank B. Roper, Ward Clerk-Thatcher Ward-Bannock Stake, gives name as Irene Spencer, baptized Feb. 1, 1928 - viewed by V.S. and Own Child's Birth Cert. on file, #48-11808 gives name as Irene Spencer - viewed by V.S.

RECEIVED
APR 23 1959
Bureau of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake,

Certificate No. ~~192~~ 74664

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnames Spencer (Name on Original Certificate) who born (Was Born or Died) on 11-23-19 (Date of Event)

in Paris (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Irene Spencer

Subscribed and sworn to before me this 14th day of March, 1959

L. Hugh Shepherd
Notary Public, residing at Paris Idaho
My commission expires Oct 10 - 1962
(Seal)

Signed D E Haddock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paris, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1959

L. Hugh Shepherd
Notary Public, residing at Paris Idaho
My commission expires Oct 10 - 1962
(Seal)

Signed Fred J Price
(Signature of Any Credible Person)

Paris Idaho
(Street Address, City, State)

FORM DPH 55.155

NN 10-4-57 1 copy paid

APR 29 1959

799-226-004-955

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74665

County of Bear Lake

City of Bloomington Registration District No. 33 File No. 407

No. _____ St.

Primary Registration District No. 2132 Registered No. _____

Hospital _____

FULL NAME OF CHILD Dora Margaret Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	11 - 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph F. Price	FULL MAIDEN NAME	Elizabeth Reese
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Sutton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Paris Ida

_____ 19____

Filed 12 - 10 1919

_____ Registrar

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-29-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss. Certificate No. 74665

County of Cache

RECEIVED APR 12 1971 Bureau of Vital Statistics

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Price (Name on Original Certificate) who was born (Was Born or Died) on Nov. 26, 1919 (Date of Event) in Bloomington (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on Dec. 4 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Dora Margaret Price

Subscribed and sworn to before me this 8th day of April, 1971

Merle P. Farnes

Notary Public, residing at 1487 Lynnwood

My commission expires April 14, 1973

(Seal)

Signed Joseph S. Price - (father)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

165 So. 10th E. Salt Lake City, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Cache

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April, 1971

Merle P. Farnes

Notary Public, residing at 1487 Lynnwood

My commission expires April 14, 1973

(Seal)

Signed [signature]

(Signature of Any Credible Person)

10 N 165

(Street Address, City, State)

Logan Utah 843

FORM DH 60 158

Certificate of Baptism and Confirmation certifies that Dora Margaret Price daughter of Joseph S. Price and Elizabeth S. Reese born Nov. 26 1919 at Bloomington, Idaho. Baptized Dec. 3, 1927 in L.D.S.Church.
Viewed by V.S.

Family Record gives name of child as Dora Margaret Price born Nov. 26, 1919 at Bloomington, Idaho. Parents - Joseph Stanners Price and Elizabeth Susanna Reese. Married to Roy James Larsen on Sept. 11, 1940.
Viewed by V.S

APR 14 1971

718-214-004-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74666

County of Bear Lake

City of Bloomington Registration District No. 33 File No. 404

No. ..... St. Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11 – 16 – 1919

FATHER		MOTHER	
FULL NAME	Samuel Frank Payne	FULL MAIDEN NAME	Mary Ann Thornock
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

(Signature) [signature] M.D.

(Physician or midwife)

Address Paris Ida

Filed 12 – 10 19 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO. 38071

244-108-004-469

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

74667

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 8 19

FATHER		MOTHER	
FULL NAME	Arthur Budge	FULL MAIDEN NAME	Fannie E. Morgan
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Georgia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 P M. on the date above stated.

(Signature) C. O. Moore

(Physician or midwife)

Address Paris Idaho

Filed Nov 5 19 19 P. J. Sutton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19_____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-230-028-613

PLACE OF BIRTH

County of Kootenai

City of Harrison

Named added 7/23/81

No. ____ St.

Hospital Sokeview

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

74669

Registration District No. 126 File No.

Primary Registration District No. 2044 Registered No. 30

FULL NAME OF CHILD Faye Leola Wetherell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Sept 30 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer F Wetherell	Ora Walker
RESIDENCE	Harrison Ida.	Harrison Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Com Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 30-19-, at 6:38 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McKinney

Physician

(Physician or midwife)

Address Harrison Ida.

Given names added from a supplemental report.

..... 19.....

Filed Oct 1 19 19 J. McKinney

Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BURE

JUL 23 1981

2-25-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
APR 10 9 42 AM '81

State of California
County of El Dorado } ss.

Certificate No. 74769
Date Filed 4/6

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wetherell (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-30-19 (Date of Event)

in Harrison(Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	~~Faye Leola Wetherell~~

Subscribed and sworn to before me this 16th day of March, 19 81.

Notary Public, Elizabeth Green

Residing at Placerville, CA

My commission expires

(Seal)

ELIZABETH GREEN
NOTARY PUBLIC
EL DORADO CO., CALIFORNIA
My Commission Expires Mar. 25, 1983

Merna Wetherell Gaff
Signature of Applicant

6008 Pony Express Trail, Space 1
Pollock Pines, CA 95726
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Birth certificate of child born November 15, 1942, in Portland, Oregon, state file # 7159. This certificate shows mother's name as Faye Leola Wetherell.
Viewed by V.S.

Family record gives name as Faye Leola Wetherell born Harrison, Idaho, age born September 30, 1919, in Harrison, Idaho. Record old.
Viewed by V.S.

693-203-028-213

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

74670

Registration District No. 124 File No. 3

Primary Registration District No. 2204 Registered No. 31

FULL NAME OF CHILD Ruth Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 3 1917

FATHER	MOTHER
FULL NAME Glenn B Williams	FULL MAIDEN NAME Miriam B Ballard
RESIDENCE Harrison	RESIDENCE Harrison
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Mich	BIRTHPLACE Mo
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kinney M D

(Physician or midwife)

Address Harrison

Given names added from a supplemental report.

..... 19.....

Filed Dec 1 19 J M Kinney

Registrar

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-205-028-453

PLACE OF BIRTH

County of Kootenai

City of Ramsaks

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

74671

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 32

FULL NAME OF CHILD Katherine Adele Lampert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 5 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry J Lampert	Bertha Miller
RESIDENCE	Ramsaks	Ramsaks
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Ida	Wash.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 5-17 (Born Alive or stillborn), at 12:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H W Timmy

M D

(Physician or midwife)

Address Harrison Ida

Filed 12-1 19 17 H W Timmy Registrar

S-Y-CO 38071

MAR 16 1943

[redacted] No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Hoshenwood

City of Harrison

No. 343-111-028-395 St.

Registration District No. 126

Primary Registration District No. 2204

Hospital

FULL NAME OF CHILD Primo Joseph Luchini Luchini

STATE OF [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74672

File No. 3

Registered No. 83

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 11 1919

FATHER		MOTHER	
FULL NAME	Giacomo Luchini	FULL MAIDEN NAME	Esolina Cividin
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Dom Sobor	OCCUPATION	Housewife

Number of child of this mother, including present birth, 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 11-19 at 7 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Giacomo Luchini

Father

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Harrison

Filed Dec 1 1919 J. McKinney Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED AUG 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7167D

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Primo Joseph Luchini

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? .....

8. Date of birth Nov. 11, 1919 (Month, Day, Year)

FATHER

9. Full name: Giacomo Luchini

10. Residence (usual place of abode) (If non-resident, give place and State): Harrison, Ida.

11. Color or race: White 12. Age at last birthday: 33 (years)

13. Birthplace (city or place) (State or Country): Italy

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: fireman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: sawmill

16. Date (month and year) last engaged in this work: Nov. 11, 1919

17. Total time (years) spent in this work: 9 yrs

MOTHER

18. Full maiden name: Isolina Cividin

19. Residence (usual place of abode) (If non-resident, give place and State): Harrison, Ida.

20. Color or race: White 21. Age at last birthday: 27 (years)

22. Birthplace (city or place) (State or Country): Italy

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: Nov. 11, 1919

26. Total time (years) spent in this work: 8 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report ..... (Date of)

Filed ....., 193.... .....

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Giacomo Luchini being first duly sworn says that he is the Father (Relationship of child)* of Primo Joseph Luchini born Nov. 11, 1919 (Date of birth) at Harrison, Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Primo Joseph Luchini hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Montie ~~M.D.~~ Midwife was the medical attendant at the birth of said Primo Joseph Luchini and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Giacomo Luchini

P. O. Address Harrison, Idaho

Subscribed and sworn to before me this 18th. day of July 1939, 19

M. A. Kiger
Notary Public.

Residing at Harrison, Idaho., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

296-213-028-893

PLACE OF BIRTH

amend 12-1-31

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74673

County of Koolenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126 File No. 5

Primary Registration District No. 2204 Registered No. 34

FULL NAME OF CHILD Marie Broderick

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ed Broderick	FULL MAIDEN NAME	Clara Stella Hiller
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Iro
OCCUPATION	Com Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 13-19 at 9:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed Dec 1 1919 J M Finney

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-13-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Bureau of Vital Statistics

Certificate No. 74673
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Broderick (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-13-19 (Date of Event)

in Harrison (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Marie Broderick

Subscribed and sworn to before me this 25 day of Aug 19 8[illegible]

Notary Public, [illegible]
Residing at [illegible] Stevens County
My commission expires 6/1/83
(Seal)

Marie J Broderick Battin
Signature of Applicant
Rte 2 Box 137 Chewelah Wash 99109
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Stevens }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of Aug 19 8[illegible]

Notary Public, [illegible]
Residing at [illegible] Stevens County
My commission expires 6/1/83
(Seal)

Franklin D Battin
Supporting Signature
Rte 2 Box 137 Chewelah Wash 99109
Street Address, City, State

1 cc pd

Memorial Guide dated 2-5-76 gives Marie J Battin born 11-13-19 at Harrison to Edward P Broderick and Sterla Hiller. Viewed by V.S

Marriage License application gives Marie Broderick born Harrison age 18 was married to Orville Sampson . filed 4-30-38. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-217-028-613

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 124 File No. 74674

Primary Registration District No. 2 204 Registered No. 36

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 17 1919

FATHER		MOTHER	
FULL NAME	Daniel Bolich	FULL MAIDEN NAME	Ruth Waldo
RESIDENCE	Carlin Bay	RESIDENCE	Carlin Bay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Wis
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 17-19, at 2 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Fleming
M D
(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

Filed Dec 1 19 J M Fleming

..... Registrar

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74675

County of Kootenai

City of Rose Lake

238-223-028-243 No. ..... St.

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 36

Hospital .....

FULL NAME OF CHILD Elizabeth Margaret Scheller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl.			yes	Oct 23rd 1914

FATHER		MOTHER	
FULL NAME	Mr Richard Scheller	FULL MAIDEN NAME	Margaret Buchmann
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard Scheller

Husband (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Rose Lake

Filed Dec 4th 1914 J M Bruney Registrar

MAR 7 1944

693-229-028-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2M-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74676

County of Kootenai

City of .....

No. ..... St.

Hospital .....

Registration District No. 124 File No. 3

Primary Registration District No. 2204 Registered No. 38

FULL NAME OF CHILD Ethel Pearl Williamson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Nov. 29 1919

FATHER		MOTHER	
FULL NAME	Asa F. Williamson	FULL MAIDEN NAME	Leona M. Martin
RESIDENCE	Kootenai county	RESIDENCE	Kootenai County
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Pierce county, Wash	BIRTHPLACE	La Fayette, Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ten. Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rose Lake Ida

Filed Dec 9 1919 J M Kinney

Registrar Registrar

125-229-028-315

PLACE OF BIRTH

County of Kootenai

City of Worley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

74677

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 37

FULL NAME OF CHILD EVELYN FLORA ABENDROTH

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 27 (Month) (Day) 1917 (Year)

FATHER

FULL NAME Paul Abendroth

RESIDENCE Worley Ida.

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Germany

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Flora Lange

RESIDENCE Worley Ida.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Ind

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 27-19 at 9:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kenney MD
(Physician or midwife)

Address Harrison Ida.

Given names added from a supplemental report.

..... 19.....

Filed Dec 1 1917 J M Kenney
Registrar

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BENEWAH }

Certificate No. 74677

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Evelyn Flora Abendroth (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 11-1919 (DATE OF EVENT)
in Kellogg, Shoshone County, Idaho (PLACE OF EVENT) are erroneous or were omitted and that, to the best of my knowledge, the
true facts as shown by own knowledge of this affiant, who is an adult (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Evelyn Flora Abendroth

Subscribed and sworn to before me this 13th
day of February, 1943.

Signed Nora Hoscheit
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public residing at Plummer, Idaho

My commission expires March 22, 1943
(SEAL)

Plummer, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BENEWAH }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of February, 1943.

Signed Anna Bacon
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public residing at Plummer, Idaho

My commission expires March 22, 1943
(SEAL)

Plummer, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 2 1976

FEB 2 3 1943

168-130-028-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital St Rivieu

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74678

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 39

FULL NAME OF CHILD HAROLD CARL JOHNSON

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Helmer Johnson	FULL MAIDEN NAME	Edith Crabtree
RESIDENCE	Springston Ida	RESIDENCE	Springston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Norway	BIRTHPLACE	Neb
OCCUPATION	Mill Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive - Nov 30-19 at 11 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kinney

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida

Filed Dec 1 1919 J M Kinney

Registrar

Registrar

S-Y-CO 38071

STATE OF IDAHO FEB 18 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss. Certificate No. 74678

County of Pend Oreille } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for No Name (Name on Original Certificate) who Born (Was Born or Died) on Nov. 30. 1919 (Date of Event)

in Harrison, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	noname	Harold Carl Johnson

Subscribed and sworn to before me this 12 day of Feb 1942

Noel LaCigne

Notary Public, residing at Cusick, Wash

My commission expires Feb 13, 1943

(Seal)

Signed Helmer Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.

County of Pend Oreille }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of Feb 1942

Noel LaCigne

Notary Public, residing at Cusick, Wash

My commission expires Feb 13, 1943

(Seal)

Signed J Risley

(Signature of Any Credible Person Other Than Previous Year)

Locke, Wash

(Street Address, City, State)

PLACE OF BIRTH

County of Kootenai

City of Harrison

254-230-028-693

No. ..... St.

Hospital Lakeside

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. 1 —C—25m-9-8-15

74679

Registration District No. 126 File No. 3.

Primary Registration District No. 2204 Registered No. 40

FULL NAME OF CHILD AGNES KNUDSON

Sex of Child: Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Nov 30 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Peder Simon Knudson

RESIDENCE: Harrison

COLOR: White AGE AT LAST BIRTHDAY: 49 (Years)

BIRTHPLACE: Norway

OCCUPATION: Com Labor

MOTHER

FULL MAIDEN NAME: Stella May Fisher

RESIDENCE: Harrison

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Wash.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 30-19, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Feeney

Physician

(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report.

..... 19.....

.....

Registrar

Filed Dec 1 1919 J. M. Feeney

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 74679
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Agnes Knudson (Birth ~~or death~~)
for No certificate issued (Name on original certificate) who was born (Was born ~~or died~~) on Nov 30th - 1919 (Date of event)
in Harrison, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by her Mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "~~cause of death~~", etc.	FROM (As on original)	TO (The correct facts)
Agnes Knudson		No corrections
Born Nov-30-1919		Except name

Subscribed and sworn to before me this 2 day of May, 1941
Alex Allardy Co.
Notary Public, residing at Spokane
My commission expires June 1st 1943.
[SEAL]

Signed Mrs. Stella May Knudson - nee Fisher
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)
E-1517 Mallon ave Spokane, Wash
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Spokane }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of May, 1941
Alex Allardy Co
Notary Public, residing at Spokane
My commission expires June 1st 1943
[SEAL]

Signed X Simon Peder Knudson
(Signature of any credible person other than the previous affiant)
E-1517 Mallon ave Spokane Wash
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

Spokane, Washington, May 22nd, 1941.

State of Washington,)
) ss
County of Spokane,)

Simon Peder Knudson, being duly sworn on oath, deposes and says; That he is the Father of Agnes Knudson, who was born at Harrison, Idaho, November 30th, 1919.and whoes Madain name was , Stella May Fisher, now Stella May Knudson, her Mother.

That at different times he has signed his name, Sam Peder Knudson,but that his true name is ~~Simon Peder Knudson,~~ that they are ~~both one and~~ the same person. That he resides at E-1517.Mallon Ave, Spokane, Washington. Simon Peder Knudson

Subscribed and sworn to before the undersigned a Notary Public, in and for the State of Washington, Residing at Spokane, Commission expires June 1st 1943.

Alex Allardyce

SLA

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—[illegible]

[redacted] AHO

BURE[redacted] STATISTICS

CERTIFICATE OF BIRTH

74680

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. 245-204-004-759 St.

Registration District No. 33

File No. 408

Primary Registration District No. 2132

Registered No.

Hospital

FULL NAME OF CHILD Rula Bunderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) – 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Boon Bunderson	FULL MAIDEN NAME	Augusta Person
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 55 A M. on the date above stated.

(Signature) R. J. Sutton

M. D.

(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Address Paris Ida

Filed 12-10 1919 John Mathews

Registrar

S-Y-CO. 38071

JUL 7 1975

553-224-004-343

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH name added 12-1-81 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74681

County of Bear Lake

City of St Charles

Registration District No. 33 File No. 409

No. ..... St.

Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD Bernice Artella Nelson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 11 (Month) – 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lester Milton Nelson	FULL MAIDEN NAME	Ilah Lutz
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Fish Haven	BIRTHPLACE	Garden City
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.00 P.M. on the date above stated.

(Signature) [signature]

M.D. (Physician or midwife)

Address Paris Ida

Filed 12-10 1919 John Matthews Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-377398

11-20-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

STATE BUREAU VITAL STATIST
NOV 24 9 07 AM '81

State of _____ } ss.
County of _____ }

Certificate No. 74681
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Nelson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-24-19 (Date of Event)
in St Charles (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Nelson	Bernice ~~Berniece~~ Artella Nelson
mothers first name	Ila	Ilah

Subscribed and sworn to before me this 21st day of November, 1981.
Notary Public, Loyd Nielson
Residing at ~~Idaho Falls Idaho~~
My commission expires non expiring
(Seal)

X Bernice Artella Nelson Duggan
Signature of Applicant
958 Singletree Lane Idaho Falls, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

DEC 1 1981

Cert of Baptsim gibes Bernice Artella Nelson born 11-24-19 at Fish Haven to Lester Milton Nelson and Ilah Euphenia Lutz. Baptised 12-24-27. Viewed by V.S.

Cert of Blessing gives Bernice Artella Nelson born 11-24-19 at Fish Haven to Lester Milton Nelson and Ilah Lutz, Blessed 12-19-19. Viewed by V.S.

396-206-004-195

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH amended Mar. 15, 1978

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74682

County of Bear Lake

City of St Charles

Registration District No. 33

File No. 410

No. ..... St.

Primary Registration District No. 2132

Registered No. .....

Hospital .....

FULL NAME OF CHILD Maurita Crossley

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12 (Month) - 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm Crossley	FULL MAIDEN NAME	Ervie Arnell
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Liberty	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Sutton

M W (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Paris Ida

Filed 12-10 1919 John Matkon Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 22 1 44 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Bonneville } ss.

Certificate No. 74682

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Crossley (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 6, 1919 (Date of Event)
in St. Charles, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Maurita Crossley

Subscribed and sworn to before me this 17th day of February, 19 78

J. Arleon Hammon
Notary Public, residing at Idaho Falls, Idaho
My commission expires June 2, 1980
(Seal)

Signed Lucille M. Crossley
(Signature of parent or attendant if correcting a Birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of February, 19 78

Notary Public, residing at Pleasant Grove
My commission expires Feb. 16, 1978
(Seal)

Signed Wanda Bobell
(Signature of Any Credible Person)

1201 N. 850 W. Provo Utah
(Street Address, City, State)

FORM DH 60-155

CL 1/27/78 1bc & 1cc pd. rec. #16216.

Certificate of Baptism and Confirmation lists name as Maurita Crossley, daughter of Wm. H. Crossley and Evie E. Arnell, born December 6, 1919, at St. Charles, Idaho. Baptized on May 5, 1928. viewed by vs March 15, 1978

MAR 15 1978

Certificate of blessing lists name as Maurita Crossley born to William Crossley and Eva Arnell. Blessed on Febuary 1, 1920. viewed by vs March 15, 1978

962 - 222 - 004 - 249

PLACE OF BIRTH

County of Bear Lake

City of Fish Haven

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-9-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS 74683

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 406

Primary Registration District No. 2132 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	11 - 22 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Griffeth Roberts	Ella Jane Smith
RESIDENCE	Fish Haven	Fish Haven
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	36
BIRTHPLACE	Bloomington	Fish Haven
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a-0 8 M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Paris Ida

Filed 12 - 10 1919 John Mathow Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-110-028-139

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]S

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

74684

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No.

No. St. Primary Registration District No. 2051 Registered No. 727

Hospital

FULL NAME OF CHILD Robt Raymond Sadler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 10 1919

FATHER		MOTHER	
FULL NAME	Ed. Sadler	FULL MAIDEN NAME	Lorena Acre
RESIDENCE	Coeur d'Alene Id.	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Mill Lab	OCCUPATION	Hse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Brennan MD

(Physician or midwife)

Address Coeur d'Alene

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec. 19 1919 D D Brennan
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of multiple birth, one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 29 1949

AUG 3 1955

OCT 17 1951

386-217-028-667

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74685

County of Kootenai

City of Bayview

Registration District No. 30 File No.

No. St.

Primary Registration District No. 2051 Registered No. 728

Hospital

FULL NAME OF CHILD Mildred Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Novbr. 17, 1919

FATHER		MOTHER	
FULL NAME	Andrew H. Thompson	FULL MAIDEN NAME	Emily Fox
RESIDENCE	Bayview - Idaho	RESIDENCE	Bayview, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Brit. Columbia, Canada	BIRTHPLACE	Oregon
OCCUPATION	blacksmith	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Rathdrum Idaho

Filed Dec 10 1919 [signature]

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

193-103-028-993 [redacted]

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 74686

No. _____ St.

Primary Registration District No. 2051 Registered No. 726

Hospital _____

FULL NAME OF CHILD Lewis Vance Arter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Novbr. 3. 1919

FATHER		MOTHER	
FULL NAME	Harry Arter	FULL MAIDEN NAME	Inez M. Richmond
RESIDENCE	Connell, Wash.	RESIDENCE	Connell, Wash.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Rathdrum Idaho

Filed 12/10 1919 D.D. Freeman
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-203-028-214

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

Registration District No. 30 File No. 74687

No. ..... St.

Primary Registration District No. 2051 Registered No. 729

Hospital .....

FULL NAME OF CHILD Marian Lawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Oct 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marian Lawson	FULL MAIDEN NAME	Fanna Sadler
RESIDENCE	Coeur D'Alene	RESIDENCE	"
COLOR	W AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mich.
OCCUPATION	Mill Hand	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Lived 3 hrs. (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S D Drennan M D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Nov 10 1919 S D Drennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-103-028-433

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74688
Local Reg. No.
Reg. Dist. No. 30

Amended 6/17/74

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Charles
b. (Middle): Newell
c. (Last): Pintler

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 3, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): Augustus
c. (Last): Pintler

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Montana

10. USUAL OCCUPATION: Day Labor, Mill

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Florence
b. (Middle): Neelie
c. (Last): McCallum

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): S. Dak.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. D. Drennan

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Coeur d'Alene, Idaho.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 10, 1919

22. REGISTRAR'S SIGNATURE: D. D. Drennan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 6PM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Kootenai

Certificate No. 74688

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Charles Newell Pintler (Name on Original Certificate) who was born (Was Born or Died) on Oct. 3, 1919 (Date of Event)

in Coeur d' Alene (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's middle name	Howell	Newell
Date of birth	Oct. 21, 1919	Oct. 3, 1919
Mother's maiden name	Fleta McCollum	Florence Neelie McCallum
Father's age	32	34

Subscribed and sworn to before me this 6th day of August, 1957

Myron M. Humphrey
Notary Public, residing at Coeur d' Alene
My commission expires 11/26/58
(Seal)

Signed Charles Newell Pintler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box #14 Newman Lake, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of Aug., 1957

Myron M. Humphrey
Notary Public, residing at Coeur d' Alene
My commission expires 11/26/58
(Seal)

Mrs W A Pintler (mother)
Signed W A Pintler (Father)
(Signature of Any Credible Person)

Newman Lake, Wash.
(Street Address, City, State)

DPH 52-155

1 c. pd.

Application for Account Number with U.S. Social Security Act (533-12-5426) gives name as Charles Newell Pintler. born Oct. 3, 1919 at Coeur d'Alene, Idaho. dated april 27, 1939. viewed by V. S.

Certificate of Delayed birth Registration from Montana gives name as William Augustus Pintler. born July 15, 1885. father' name given as Charles Ellsworth Pintler and mother's name as Kate Cecelia Dundom. viewed by V. S.

Sister's birth certif on file in Idaho (#425967) gives mother's name as Florence Neelie McCallum and the father's name as William Augustus Pintler. viewed by VS

Ins. Policy from Natioanl Service Life Insurance gives name as Charles Newell Pintler. Policy No. V1107-95-30. dated 8-1-1950. viewed by V. S.

School record from High school gives name as Chalres Pintler born Oct. 3, 1919 at Coeur'dAleme, Idaho. enterd Sept. 17, 1938 from Olis Orchards G. S. viewed by V. S.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No. 74688

No. ____ St. Primary Registration District No. 2021 Registered No. 730

Hospital ____

FULL NAME OF CHILD Charles Howell Pintler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 7 1919

	FATHER	MOTHER
FULL NAME	William Pintler	FULL MAIDEN NAME Aleta M Colburn
RESIDENCE	Coeur d'Alene	RESIDENCE "
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Mont.	S. Dak
OCCUPATION	Day Labor Mill	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6P M. on the date above stated.

(Signature) D L Drennan

(Physician or midwife)

Address Coeur d'Alene

Filed Oct 10 1919 D L Drennan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 5 1974

MAY 2 1952

JUN 1 7 1974

753-210-028-631

Form V. S. No. 11-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Garwood

No. _____ St.

Hospital _____

Registration District No. 30 File No. 74689

Primary Registration District No. 2051 Registered No. 781

FULL NAME OF CHILD Genevieve Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct. 10 1919

FATHER		MOTHER	
FULL NAME	John Peterson	FULL MAIDEN NAME	Alice Flanders
RESIDENCE	Garwood Ida	RESIDENCE	Garwood
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	S. Dak.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Rathdrum, Ida

Filed Nov 10 1919 D.A. Drennan Registrar

6-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1945

791-116-028-863

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

No. ..... St.

Hospital .....

Registration District No. 30 File No. 74690

Primary Registration District No. 2051 Registered No. 732

FULL NAME OF CHILD Robert Earl Grater

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Oct. 16. 1919

FATHER		MOTHER	
FULL NAME	Frank E. Grater	FULL MAIDEN NAME	Rosa M. Holder
RESIDENCE	Athol, Ida R.F.D.	RESIDENCE	Athol, Ida, R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Germany	BIRTHPLACE	Wis.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Idaho

Filed Nov 10 1919 A D Drummond Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-126-028-853

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

Registration District No. 30

File No. 74691

No. ..... St.

Primary Registration District No. 7051

Registered No. 733

Hospital .....

FULL NAME OF CHILD ~~Ray~~ Lord Truman Richard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Oct 26 1919

FATHER		MOTHER	
FULL NAME	Ray Lord	FULL MAIDEN NAME	Esther Helwig
RESIDENCE	Coeur D'Alene	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Day Labor	OCCUPATION	Hw

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alene (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Freeman Md

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address CDA

Filed Nov 10 1919 D D Freeman

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

242-230-028-559

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of C. D'A

Registration District No. 30 File No. 74692

No. ..... St.

Primary Registration District No. 1051 Registered No. 734

Hospital

FULL NAME OF CHILD ~~Sallie~~ Rowena Busse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Busse	FULL MAIDEN NAME	Effie Vernon
RESIDENCE	Alta	RESIDENCE	Alta
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nash Iowa	BIRTHPLACE	Nash
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Freeman MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 10 1919 D D Freeman Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

334-112-044-719

PLACE OF BIRTH name added 7-14-82

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74694

County of Washington

City of Cambridge

No. ..... St.

Registration District No. 8

File No. .....

Primary Registration District No. 214

Registered No. .....

Hospital .....

FULL NAME OF CHILD Arthur W Clure

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Nov 12 1919

FATHER

FULL NAME: Chester A Clure

RESIDENCE: Cambridge

COLOR: W

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Nebr

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Nanna Parke

RESIDENCE: Cambridge

COLOR: W

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Hus

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

MD

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 12 1919

[illegible] Registrar

2-22-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 74694
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Clure (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-12-19 (Date of Event)

in Cambridge (Washington) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Arthur Wallace Clure

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

x Anna Clure
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grant

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of March, 1982

Notary Public, Patricia L. Sickers
Residing at Grand Coulee
My commission expires Dec 5, 1983
(Seal)

lcc pd

Supporting Signature

Street Address, City, State

JUL 14 1982

Statistical Record gives March 12, 1945 Arthur W Clure born in Cambridge, Idaho on 11-12-19 was married to Gladys Jones in Walla Walla, Washington. Viewed by V.S.

Enlistment record of Arthur W Clure born in Cambridge on 11-12-19 was inducted into Service on 1-7-42. Viewed by V.S.

419 - 101 - 011 - 386

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Moravia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [redacted]

CERTIFICATE OF BIRTH

74695

Registration District No. 29 File No. .....

Primary Registration District No. 2186 Registered No. .....

FULL NAME OF CHILD Walter Henry Markeberg

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes	Nov. 1 - 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Markeburg.	Anna Thomas.
RESIDENCE	Moravia, Ida.	Moravia, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Denmark.	Mo.
OCCUPATION	Woodsman - Trapper	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 1 1919.

E E Fry Registrar

FEB 19 1942

264-105-011-274

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74696

County of Boundary

City of Bonners Ferry — Registration District No. 29 — File No.

No. ..... St. — Primary Registration District No. 215-6 — Registered No.

Hospital .....

FULL NAME OF CHILD Kenneth Calais Soule

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes	Nov. 5 1917

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Scott Soule	FULL MAIDEN NAME: Ruth Spurling
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	S. Dak.	S. Dak.
OCCUPATION	Auto Mechanic	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fox

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 5 1917

E. E. Fox Registrar

435-108-011-338

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-17

Registration District No. 21

Primary Registration District No. 2156

File No. 74697

Registered No. .....

FULL NAME OF CHILD ..... GERALD FRANCIS McNICHOLS

Sex of Child	Twin / Triplet / or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 8th 19

FATHER		MOTHER	
FULL NAME	Michael J. McNichols	FULL MAIDEN NAME	Kathleen Coyne
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	N. Dak.
OCCUPATION	Filer in Sawmill	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. D. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Filed Nov. 8 1919 E. D. Fry Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 74697
Date Filed APR 30 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Gerald Francis McNichols (Name on Original Certificate) who born (Was Born or Died) on November 8, 1919 (Date of Event) in Bonners Ferry (Place of Event) - are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Gerald Francis McNichols

Subscribed and sworn to before me this 23rd. day of March, 1942.

John W. Hall
Notary Public, residing at Lewiston, Ida.

My commission expires April 1-1944
(Seal)

Signed Mrs. M. T. McNichols (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

811-7th Ave, Lewiston Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd. day of March, 1942.

John W. Hall
Notary Public, residing at Lewiston, Ida.

My commission expires April 1-1944
(Seal)

Signed R. C. McNichols
(Signature of Any Credible Person Other Than Previous Year)

916. 9th St. Lewiston Idaho
(Street Address, City, State)

MAR 31 1942

386-209-011-695

Form V. S. No. 11—25m-1-1-1.

PLACE OF BIRTH

County of ~~Kootenai~~ Boundary

City of McArthur

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 74698

Primary Registration District No. 2156. Registered No. .....

FULL NAME OF CHILD Rebecca Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Novbr. 9 1919

FATHER		MOTHER	
FULL NAME	Benjamin Thomas	FULL MAIDEN NAME	Leora Finney
RESIDENCE	McArthur, Ida	RESIDENCE	McArthur, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	farmer & storekeeper	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Idaho

Filed 11/28/1919 E. E. Frye
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-18-011-263

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79

Primary Registration District No. 3156

74699

File No. .....

Registered No. .....

FULL NAME OF CHILD James Mackenzie Wilson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes.	Nov. 18 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oliver Christo Wilson	FULL MAIDEN NAME	Margaret Bottom
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	S. Dak.
OCCUPATION	Attorney-at-law.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/21/19 19 E E Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

468-124-011-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79

File No. 74700

No. ..... St.

Primary Registration District No. 2156

Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas Jefferson ~~D'Arcy~~ Mohr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	Nov. 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Mohr.	FULL MAIDEN NAME	Eunice D'Arcy
RESIDENCE	Wallace, Ida.	RESIDENCE	Wallace, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Minn.
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida

Filed 11/26/1919 E. E. Fry

Registrar

Registrar

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 389-207-035-291 St.

Registration District No. 100

File No. 74701

Primary Registration District No. 2178

Registered No. 130

Hospital

FULL NAME OF CHILD Melba Ruth Christenson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11-17-19

FATHER		MOTHER	
FULL NAME	Robert Christensen	FULL MAIDEN NAME	Liza A. Bramwell
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.25 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Hyde M.D.
(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

19

Registrar

Filed 12/10 1919

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made fo and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 74701

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 17, 1919 (DATE OF EVENT)

in Roxbury, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Melba Ruth Christenson
Sur-name	Christensen	Christenson

Subscribed and sworn to before me this 16th

day of February, 1942

Marion E. Day

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(SEAL)

Signed C R Christenson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

APPLICATION FOR SEARCH OF ARCHIVAL OR JUDICIAL CERTIFICATE OF BIRTH OR DEATH

219-211-033-691

[redacted]

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Lyman

No. ..... *St.*

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 74702

Registered No. 131

FULL NAME OF CHILD Mona Katherine Bailey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov, 11th 1919

FATHER		MOTHER	
FULL NAME	Alfred G. Bailey	FULL MAIDEN NAME	Clara Francen
RESIDENCE	Ly[redacted]N Idaho	RESIDENCE	Layman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ephraim Utah	BIRTHPLACE	Ephraim Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Nov 11th 1919 at 12-10P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho.

Filed 12/10/ 1919

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 74702

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Mona Katherine Bailey

Subscribed and sworn to before me this 2nd
day of February, 1945.
Clerk of District Court
~~Notary Public~~, residing at Rexburg, Idaho
My commission expires
(Seal)

Signed Alfred G Bailey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Thornton, Idaho R D no.1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of February, 1945.
Clerk of District Court
~~Notary Public~~, residing at Rexburg, Idaho.
My commission expires
(Seal)

Signed Sylva Vollmon
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

693-214-033-134

[redacted]

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

[redacted]DAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madson

City of Thornton

No. ..... St.

Hospital .....

Registration District No. 100

File No. 74703

Primary Registration District No. 2178

Registered No. 132

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 14th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry T. Wilson	FULL MAIDEN NAME	Wealthea Atwood
RESIDENCE	Thornton Idaho	RESIDENCE	Thornton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Nov. 14th 1919 at 10-50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho

..... 19.....

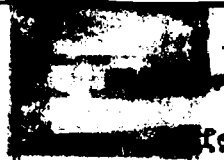
Filed 12/10/ 1919

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



392-115-026-752

[redacted] BIRTH

[redacted]ferson

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Lorenzo

Registration District No. 100

File No. 74704

No. ..... St.

Primary Registration District No. 2178

Registered No. 133

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 15th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo E. Tibbetts	FULL MAIDEN NAME	Clara E. Gessell
RESIDENCE	Lorenzo Idaho	RESIDENCE	Lorenzo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Providence Utah	BIRTHPLACE	Providence Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Nov. 15th 1919 at 8-50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 12/10 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE

Copy of ... left

Amended Mar. 4, 1952

PLACE OF BIRTH

651 215-023-919

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100 File No. 74705

Hospital .....

Primary Registration District No. 2178 Registered No. 134

FULL NAME OF CHILD LEAH WEBBER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE				yes	Nov. 15, 1919

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Webber	FULL MAIDEN NAME	Mary Raimer
RESIDENCE	Rexburg, Idaho	RESIDENCE	Rexburg, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:35 P. M. on the date above stated.

(Signature) G. G. Espe

M.D. (Physician or midwife)

Address Rexburg, Idaho

Filed 12/10 19 19 G.G.Espe
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Colorado
County of Boulder } ss.

Certificate No. 74705

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Leah Weber (Name on Original Certificate) who was born (Was Born or Died) on November 15, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by marriage certificate (Bible Record, Insurance Policy, Etc.) prepared on June 19, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last name	Weber	Webber

Subscribed and sworn to before me this 28th day of February, 19 55

Alfred V. Dworak
Notary Public, residing at Longmont, Colo.
My commission expires Feb. 1, 1955
(Seal)

Signed Mary Webber
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
838 Judson, Longmont, Colo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado
County of Boulder } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of February, 19 55

Alfred V. Dworak
Notary Public, residing at Longmont, Colo.
My commission expires Feb. 1, 1955
(Seal)

Signed Lydia Hakonson
(Signature of Any Credible Person)
855 Francis, Longmont, Colo.
(Street Address, City, State)

FORM DPH - 51117

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLA[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 74765

Primary Registration District No. 2178

Registered No. 134

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	11-15-1919

FATHER		MOTHER	
FULL NAME	John Weber	FULL MAIDEN NAME	Mary Rainer
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg, Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

..... Registrar

Filed 12/10/1919

[signature] Registrar

[redacted]

MAR 4 1952

599-119-033-382

PLACE OF BIRTH

Form V. S. No. 11-O—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74706

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 135

Hospital .....

FULL NAME OF CHILD Merle Harold Virgin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11-19-19

FATHER		MOTHER	
FULL NAME	Harold Virgin	FULL MAIDEN NAME	Martha Likes
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

..... M. D.
(Physician or midwife)

Address .....

Filed 12/10/1919

..... Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1943

845-126-033-366

PLACE OF BIRTH

County of Madison

City of Lyamn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

74707

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 136

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Nov. 26th 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Del Hunsaker	FULL MAIDEN NAME	Nessell Cowley
RESIDENCE	Lyamn Idaho	RESIDENCE	Lyamn Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Honeyville Utah	BIRTHPLACE	Venice Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Nov 26th 1919 at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Parley Nelson

M. D.
(Physician or midwife)*

Address Rexburg Idaho

Filed 12/10 19 19

L. P. [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-227-033-634

Form V. S. No. 11-C—25m-9-8-37

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Rexburg Ida

No. ..... St.

Hospital .....

Registration District No. 100 File No. 74708

Primary Registration District No. 2178 Registered No. 137

FULL NAME OF CHILD Shirley Kaye Stoddard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	11 (Month) - 27 (Day) - 1919 (Year)

FATHER		MOTHER	
FULL NAME	Le Roy G. Stoddard	FULL MAIDEN NAME	Phillis Oldham
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg

Filed 12/10 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 8 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 12 43 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 74708

County of Cassia Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Stoddard (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1919 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Shirley Kaye Stoddard

Subscribed and sworn to before me this 2nd day of May, 1975

Cleo D. Piper

Notary Public, residing at Burley, Idaho

My commission expires September 18, 1975

(Seal)

Signed Roy G. Stoddard

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Roy G. Stoddard

(Street Address, City, State)

2031 Burton Avenue, Burley, Idaho 83318

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Cassua

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of May, 1975

Cleo D. Piper

Notary Public, residing at Burley, Idaho

My commission expires September 18, 1975

(Seal)

Signed Phyllis O. Stoddard

(Signature of Any Credible Person)

2031 Burton Avenue, Burley, Idaho 83318

(Street Address, City, State)

FORM DH 60-155

CL 4/28/75

JUL 16 1975

Letter from Ward Clerk, Merlin O. Hatch, Pleasant View, Utah gives name as Shirley Kaye Parker born Nov. 27, 1919 at Rexburg, Idaho. ~~daughter~~ daughter of Glenn Stoddard and Phyllis J. Oldham. record show she was Blessed Jan. 4, 1920 and Baptized Dec. 2, 1927. viewed by V. S.

Notificaton of Birth Registration from Idaho gives name as Robert Sinclair Parker born Nov. 10, 1944. (file No. 398502). father's name as Elbert Russell Parker and mother'sname as Shirley Kaye Stoddard. viewed by V. S.

1.29-229-033-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74709

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. 138

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	R. Akimoto	FULL MAIDEN NAME	Shigi Mura
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 12/10 1919

..... Registrar

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-102
022-352

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74710

County of Fremont

City of Newdale — Registration District No. 100 — File No.

No. ..... St. — Primary Registration District No. 8178 — Registered No. 140

Hospital

FULL NAME OF CHILD ARLON GRANT JACOBS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 2nd 1919

FATHER		MOTHER	
FULL NAME	S. Ora Jacobs	FULL MAIDEN NAME	Elizabeth Lester
RESIDENCE	Newdale Idaho	RESIDENCE	Newdale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Alma, Wyoming
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th — Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) On Dec 2nd 1919, at 11-45 P. A. M. on the date above stated.

(Signature) Carley Nelson
M.D.
(Physician or midwife)
Address Rexburg Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....
Registrar

Filed ..... 19.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/23/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 2 05 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss.

Certificate No. 74710

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Jacobs (Name on Original Certificate) who was born (Was Born or Died) on Dec. 2, 1919 (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on March 2 1978 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed Jacobs	Arlon Grant Jacobs

Subscribed and sworn to before me this 1st day of March, 1978

Notary Public, residing at Salt Lake City, Utah

My commission expires 2-9-80

(Seal)

Signed Ramona Heaps
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1550 E. 5700 So. Salt Lake City, Utah 84121
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Page from family record book gives name as Arlon Grant Jacobs was born in Newdale, Idaho December 2, 1919. Record dated May 30, 1942.
Viewed by V.S.

Certificate of Blessing gives name as Arlon Grant Jacobs son of S. Ora Jacobs and Elizabeth Lester born December 2, 1919 at Newdale, Idaho and Blessed January 4, 1920 in L. D.S.Church.
Viewed by V.S.

719-202
03 PLACE OF BIRTH
284
County of Madison

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74711

City of Rexburg [redacted] Registration District No. 100 File No.

No. St. Primary Registration District No. 2178 Registered No. 139

Hospital

FULL NAME OF CHILD LAVERTA PARKINSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	12-2-19

FATHER		MOTHER	
FULL NAME	John H Parkinson	FULL MAIDEN NAME	Margaret Thurman
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Capps

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 12/10/1919

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 74711
County of Fremont ~~Madison~~ } Date Filed JAN 22

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Laverta Parkinson (Name on original certificate) who was born (Was born or died) on Dec 2 - 1919 (Date of event)
in Plano or Edmunds (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Parkinson	Laverta Parkinson

Subscribed and sworn to before me this 31
day of Dec, 1941
O K Meservy
~~Notary Public, residing~~ at Probate Judge
My commission expires
[SEAL]

Signed Margaret Parkinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
St Anthony Idaho R.F.D. 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31
day of Dec, 1941
O K Meservy
~~Notary Public, residing at~~ Probate Judge
My commission expires
[SEAL]

Signed W. R. Humphreys
(Signature of any credible person other than the previous affiant.)
Parker, Idaho
(Street Address, City, State)

Received for filing on JAN 22 By
(Registrar's signature)

AUG 17 1965

719-103-033-864

Amended 1-30-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74712
Local Reg. No. 141
Reg. Dist. No. 100

1. PLACE OF BIRTH
a. COUNTY: Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hibbard, Idaho
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hibbard
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): LeGrand
b. (Middle): William
c. (Last): Park

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): 12 - 3 - 1919

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): H.
c. (Last): Park

8. AGE (At time of this birth): 35 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Amelia
b. (Middle):
c. (Last): Hooper

13. AGE (At time of this birth): 31 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. G. Espe, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Rexburg, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 12-10-1919
22. REGISTRAR'S SIGNATURE: G.G. Espe
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

LACK record typewriter ribbon in completing this certificate. This certificate is the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
OF VITAL STATISTICS, BOISE, IDAHO.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 1 1967 Bureau of Vital Statistics

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 74712

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Park (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 3, 1919 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Genealogy entry (Bible Record, Insurance Policy, Etc.) prepared on family records Dec 3 1919 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	LeGrand William Park
Child's Birthplace	Rexburg	Hibbard, Idaho
Parent's Residence at time of this birth	Rexburg	Hibbard, Idaho

Subscribed and sworn to before me this 9th day of January 19 67

Norma I Gale NORMA I. GALE

Notary Public, residing at Manhattan Beach, Calif.

My commission expires June 1, 1967

(Seal)

Signed Maurine Park Williams (sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1625 - 22nd St., Manhattan Beach, Calif.

(Street Address, City, State)

NORMA I. GALE NOTARY PUBLIC STATE OF CALIFORNIA COUNTY OF LOS ANGELES

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed (See Chapter 159, 1937 Extra Session Laws.)]

NORMA I. GALE NOTARY PUBLIC STATE OF CALIFORNIA COUNTY OF LOS ANGELES

State of CALIFORNIA }
County of LOS ANGELES }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of January 19 67

Norma I Gale NORMA I. GALE

Notary Public, residing at Manhattan Beach, Calif.

My commission expires June 1, 1967

(Seal)

Signed Maurine Park Williams (sister)

(Signature of Any Credible Person)

1625 - 22nd St., Manhattan Beach, Calif.

(Street Address, City, State)

FORM DH 60-155 L 1-5-67. one copy pd.

L.D.S. Church Cert. of Membership, baptized Mar. 31, 1928 gives full name as LeGrand William Park, born Dec. 3, 1919 at Hibbard, Idaho to William H. Park and Arelia Hooper married Aug. 19, 1945 at Long Beach, California - viewed by V.S.

Military Transfer Paper, dated Dec. 14, 1959 gives full name as LeGrand William Park, born Dec. 3, 1919 at Hibbard, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

Registration District No. 100

File No. 74712

Primary Registration District No. 2178

Registered No. 141

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) - 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm. H. Park	FULL MAIDEN NAME	Amelia Hooper
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 12-10 1919

Registrar

Registrar

JAN 30 1967

JAN 30 1967

DECEASED

695-109-033-9/6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74713

Registration District No. 100 File No. .....

Primary Registration District No. 179 Registered No. 142

FULL NAME OF CHILD Melvin George Freeman

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12 9 1919

FATHER		MOTHER	
FULL NAME	J. W. Freeman	FULL MAIDEN NAME	Annie Sawman
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Ra[illegible]

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address [illegible]

Filed 12/9/19

Registrar

SEP 29 1953

365-210-033-251

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74714

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 143

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	12-10-1919

FATHER		MOTHER	
FULL NAME	Ross Covington	FULL MAIDEN NAME	Esther Knapp
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg, Ida.

..... Registrar

Filed 12/10 1919

G. G. Espe
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-317464

719-112-033-764

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74715

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. 110

FULL NAME OF CHILD David Ross Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 12th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Martin V. Parker	FULL MAIDEN NAME	Grace Godfrey
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Twin Grove Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Oct. 12th 1919 at 5-40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 11-14- 1919

[signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1945

JUN 8 1953

993 - 214 - 033 - 852

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74716

County of Madison

City of Sunnydell — Registration District No. 100 — File No. .....

No. ..... St. — Primary Registration District No. 2178 — Registered No. 111

Hospital .....

FULL NAME OF CHILD Cleo Ina Rich

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Oct. 14th (Month) (Day) [illegible]

FATHER		MOTHER	
FULL NAME	Jesse Rich	FULL MAIDEN NAME	Mable Heki
RESIDENCE	Sunrydel Idaho	RESIDENCE	Sunnydell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Monroe Utah	BIRTHPLACE	Marysvale Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Oct 14th 1916, at 4-20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rexburg Idaho

Filed 11-17 1916

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

716

Idaho

AS AT LAST
BIRTHDAY

Own Child's Birth Cert. on file: (Idaho Birth) #349031 gives full maiden name of mother Cleo Ina Rich - viewed by V.S. Statement from Robert G. Talley, Bishop, Thousand Oaks Ward, L.D.S. Church, Thousand Oaks, California-states "Child was blessed in Jan.,1920 record gives full name of child as Cleo Ina Rich, born Oct. 14, 1919 at Sunnydell, Idaho daughter of Jess Rich and Mable Heki Rich"- viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Calif. } ss.
County of Alameda

Certificate No. 74716

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Rich (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 14, 1919 (Date of Event) in Sunnydell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Cleo Ina Rich

Subscribed and sworn to before me this 22nd day of Sept 1961

A. G. GREEN Jr.
Cottonwood
California

Notary Public, residing at Cottonwood Cal
My commission expires Mar 29, 1965
(Seal)

Signed Mabel Rich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #1 Bd 125A Cottonwood Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 9-15-61. nm

DEC 7 1961

359-218-033-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 74717

County of Madison

City of Rexburg

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No. 112

Hospital

FULL NAME OF CHILD MARIE ELIZABETH TERRY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	10 - 18 - 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Josh Terry	Ann Blanchard
RESIDENCE	Rexburg Ida	Rexburg Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	32
BIRTHPLACE	Ut.	Ut.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1150 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Cospe M.D.
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 11-14 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT REC...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 74717

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Marie Elizabeth Terry (Name on Original Certificate) who born (Was Born or Died) on Oct. 18th, 1919 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marie Elizabeth Terry

Subscribed and sworn to before me this 6th
day of August 19 42.
Auditor & Recorder
Notary Public, residing at
My commission expires
(Seal)

Signed Mrs. Ann B. Terry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of August 19 42.
Auditor & Recorder
Notary Public, residing at
My commission expires
(Seal)

Signed Drucilla Smith
(Signature of Any Credible Person Other Than Previous Year)

Rexburg, Idaho.
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-219-033-968

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg — Registration District No. 100 — File No. 74718

No. ..... St. — Primary Registration District No. 218 — Registered No. 113

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	10-18-1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orval Mortensen	Alice Janet Rowland
RESIDENCE	Rexburg Idaho	Rexburg Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Capps

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11-14-1919

Registrar

863-125-033-292

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 74720

No. ..... St.

Primary Registration District No. 2178 Registered No. 115

Hospital .....

FULL NAME OF CHILD John Fred Holstein

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	10-25-1919

FATHER		MOTHER	
FULL NAME	Fred Holstein	FULL MAIDEN NAME	Mary Bischoff
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1-15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 11-14 1919 G G Espe

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF MONTANA
ss
COUNTY OF PONDERA

Fred Holstein of Conrad, Montana being first duly sworn deposes and says that he is the father of John Fred Holstein and that the correct maiden name of his wife who is the mother of John Fred Holstein was Mary Bischoff. That this affidavit is made to show given name of son whose birth certificate is 74720

Fred Holstein

Subscribed and sworn to before me this 21st day of April, 1941.

Notary Public for the State of Montana
Residing at Conrad, Montana
My comm. expires Sept. 4th, 1943.

365-228-033-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 74721

Primary Registration District No. 2178

Registered No. 116

FULL NAME OF CHILD Florence June Covington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
4		Yes	10-28-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. Covington	FULL MAIDEN NAME	Rose Stoker
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4-A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 11-14 1919

G. G. Espe Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 0 1954

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-228-033-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 74722

Registered No. 117

FULL NAME OF CHILD Helen Doris Haines

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	10-28-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Pearl W Haines	FULL MAIDEN NAME	Albertha Jensen
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10-8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 11-14 1919

..... Registrar

G G Espe Registrar

JUN 17 1947
[redacted] 7 1947

884-130-033-235

PLACE OF BIRTH

Name added 3-20-81

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74723

County of Madison

City of Rexburg

Registration District No. 100

File No.

No. ..... St.

Primary Registration District No. 2178

Registered No. 118

Hospital

FULL NAME OF CHILD Harold Douglas Hymas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10-30-1919

FATHER		MOTHER	
FULL NAME	Milford Hymas	FULL MAIDEN NAME	Charlotte Steele
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3-30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Cope

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 11-14 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-26-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 27 9 46 AM '81

State of _____ } ss.
County of _____

Certificate No. 74723
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hymas (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-30-19 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	unnamed	Harold Douglas Hymas

Subscribed and sworn to before me this 24 day of February, 1981.

Notary Public, Wayne N. Robertson

Residing at Rexburg, Idaho

My commission expires Dec. 25, 1961

(Seal)

Harold D Hymas
Signature of Applicant

Route #2 Rexburg, Idaho 83440
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of February, 1981.

Notary Public, Wayne N. Robertson

Residing at Rexburg, Idaho

My commission expires Dec. 25, 1961

(Seal)

Joyce B. Hymas
Supporting Signature

Route 2 Rexburg, Idaho
Street Address, City, State

1 cc pd

MAR 21 1981

Certificate of Blessing gives name as Harold Douglas Hymas son of Milford Hymas and Charlotte Steele, born October 30, 1919 at Plano, Idaho. Blessed January 4, 1920, in L.D.S.Church.

Viewed by V.S.

National Public Service Insurance Company, Seattle, Washington, gives name as Harold Douglas Hymas born October 30, 1919 at Plano, Idaho. Policy issued June 4, 1946.
Viewed by V.S.

253-101-033-765

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 74724

Primary Registration District No. 2178 Registered No. 119

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	11-1-19

FATHER		MOTHER	
FULL NAME	Geo Belnap	FULL MAIDEN NAME	Laura Edith Loveland
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

(Physician or midwife)

Address .....

Filed 11-14-19

..... Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

BELNAP

dup of 1919-3385195

216-108-033-494

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74726

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 121

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11 8 1919

FATHER		MOTHER	
FULL NAME	Mitsuo Kawakami	FULL MAIDEN NAME	Gyo Mimura
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. W. Parkinson M.D.

(Physician or midwife)

Address Rexburg Ida R 2

Filed 11/8 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719 - 129 - 033 - 449

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74727

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 125

FULL NAME OF CHILD Harold Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single			Yes	Oct 29th 1919

FATHER		MOTHER	
FULL NAME	Parley Parker Jr	FULL MAIDEN NAME	Mamie Mim
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Lorin F. Rich.

Physician

(Physician or midwife)

Address Rexburg Ida Co.

Filed 12/1/ 19 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-212-033-559

PLACE OF BIRTH amended 12/13/79

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74728

County of Madison

City of Sugar

Registration District No. 100 File No.

No. St.

Hospital

Primary Registration District No. 2178 Registered No. 126

FULL NAME OF CHILD Margaret Alice Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	3	Yes	Nov 12 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Nelson	Phoebe Neibaur
RESIDENCE	Sugar City	Sugar City
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	21
BIRTHPLACE	Denmark	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 P. M. on the date above stated.

(Signature) Louis F. Rich

Physician (Physician or midwife)

Address Rexburg Idaho.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed 12/ 19

Registrar

9-11-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
NOV 5 7 44 AM '79

State of MONTANA
County of DEER LODGE } ss.

Certificate No. 74728
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Nelson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 12, 1919 (Date of Event)

in Sugar City, (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Margaret Alice Nelson

Subscribed and sworn to before me this 30th day of October, 19 79

Notary Public, Regina Connor

Residing at Anaconda, Mt.

My commission expires 10/15/1981

(Seal)

Edith Thompson
Signature of Applicant

103 N. Oak Street, Anaconda, Mt. 59711
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Blessing from the LDS Church gives name as Margaret Alice Nelson daughter of Louis Nelson and Phoebe Nubaur [illegible] born Nov 12, 1919 at Sugar City. Idaho. Blessed Dec 7. 1919. viewed by V. S.

DEC 13 1979

Certif of Bpaitsm from the LDS Church gives name as Margaret Alice Nelson daughter of Louise nelson and Phoebe Neibaur. born Nov 12. 1920 at Sugar City Idaho Baptized June 30. 1928 viewed by V. S.

299-215
033-299

[redacted]

Form V. S. No. 11-O—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

74729

County of Madison

City of Archer

Registration District No. 10

File No.

No. ____, ____ St.

Primary Registration District No. 2178

Registered No. 127

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Nov 15 1919

FATHER		MOTHER	
FULL NAME	James Briggs	FULL MAIDEN NAME	Hannah E. Briggs
RESIDENCE	Archer	RESIDENCE	Archer.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	England	BIRTHPLACE	Weston Ida.
OCCUPATION	Farmer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 15. at 8 p.m. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

midwife
(Physician or Midwife)

Address Margaret Ann Briggs

Filed 12-1-19 19 Archer

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

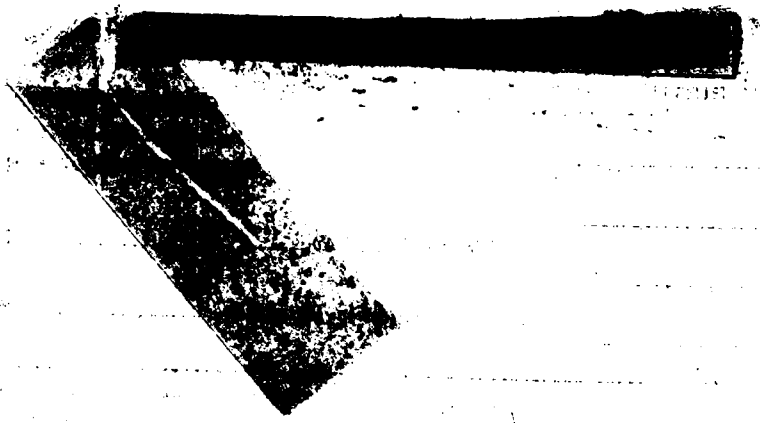
SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K



DECEASED

695-122-033-514

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 74730

Primary Registration District No. 2178 Registered No. 129

FULL NAME OF CHILD Raymond Eames Winter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lewis George Winter	FULL MAIDEN NAME	Meda Eams
RESIDENCE	Rexburg, Idaho	RESIDENCE	Rexburg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Clerk-(Hardware)	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 12/1/19 19....

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1944

JAN 23 1953

693-118-033-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Madison

City of Archer

No. ....., ... St.

Hospital .....

Registration District No. 100 File No. 74731

Primary Registration District No. 2178 Registered No. 128

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes.	Nov. (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph A. Wilding	FULL MAIDEN NAME	Olga Burns
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Salt Lake	BIRTHPLACE	Doney Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ....0.....

Number of children, of this mother, now living, including present birth ....0.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a.m., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A. Biggs
midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Archer Ida

Filed 12/1 1919

..... Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

-815-220-022-795

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

BUREAU [redacted] TISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of ~~Wilford~~

Registration District No. 99 File No. 74732

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Evelyn Viola Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.	9th	Yes	Nov (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chris Hansen	FULL MAIDEN NAME	Anna Greenhalgh
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	W AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Bear Lake, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony

Registrar

Filed Dec 10 1919 W. D. West Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]
[illegible]
[illegible]

Own Child's Birth Cert. on file: (Idaho Birth) #411659 gives full maiden name of mother as Evelyn Viola Hansen - viewed by V.S.
School Census Record, Fremont County, Idaho-school year 1934-35; census taken Sept., 1934 gives full name of student as Evelyn Viola Hansen, age 14, daughter of Christian Hansen - statement made and dated

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 27 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss.

Certificate No. 74732
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hansen (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 20, 1919 (Date of Event)
in Wilford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Evelyn Viola Hansen

Subscribed and sworn to before me this 18 day of Dec 1963
La Monte Bauer Clerk of District Court
Notary Public, residing at St. Anthony, Idaho
My commission expires elective
(Seal)

Signed Norah Cassie Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of Dec 1963
La Monte Bauer Clerk of District Court
Notary Public, residing at St. Anthony, Idaho
My commission expires elective
(Seal)

Signed Alta Howard
(Signature of Any Credible Person)
Teton, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11-8-63. nm

DEC 30 19

519-220-022-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99 File No. 74733

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD NOREEN EARL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	7th	Yes	Nov 20 1919

FATHER		MOTHER	
FULL NAME	J L Earl	FULL MAIDEN NAME	Estella Rice
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Parker, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton, MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony

Filed Dec 10 1919 W B Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont

Certificate No. 74733

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Earl (Name on Original Certificate) who was born (Was Born or Died) on November 20, 1919 (Date of Event) in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy L.D.S. Church Record (Bible Record, Insurance Policy, Etc.) prepared on April 15, 1938 January 29, 1930 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
NAME	UNNAMED EARL	NOREEN EARL

Subscribed and sworn to before me this 22 day of March, 1956

Jack A. Stone
Clerk of District Court
Notary Public, residing at St. Anthony, Idaho
My commission expires Elective
(Seal)

Signed Maurice Jenkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

315 No. Br. St. St. Anthony Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of March, 1956

Jack A. Stone
Clerk of District Court
Notary Public, residing at St. Anthony, Idaho
My commission expires Elective
(Seal)

Signed Stanley Jenkins
(Signature of Any Credible Person)

149 N 2nd W. St Anthony Ida
(Street Address, City, State)

DPH 52.155

MAR 27 19

493-113-022-647

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 74734

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD IVAN RICHARD MILLER

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			4	Yes	11 13 19 19

FATHER		MOTHER	
FULL NAME	C H Miller	FULL MAIDEN NAME	Olive M Ogden
RESIDENCE	Parker Ida	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Parker Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

(Signature) J E Melton MD

(Physician or midwife)

Address J E Melton St Anthony

Filed Dec 16 1919 W B Swan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Fremont }

Certificate No. 74734

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ivan Richard Miller

Subscribed and sworn to before me this 16 day of June, 1943

~~Notary Public, residing at~~ Probate Judge

~~My commission expires~~

(Seal)

Signed C. H. Miller

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

K

JUN 2 1 1943

812-113-022-369

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74735

County of Fremont

City of St Anthony Registration District No. 49 File No.

No. St.

Hospital Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD James Harland Haskell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			4	Yes	Nov 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Milton Haskell	May Corry
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	31
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P M. on the date above stated.

(Signature) J E Mellon MD

(Physician or midwife)

Address St Anthony

Filed Dec 6 1919 W Clark

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/22/4, RMC

296-204-022-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74736

County of Fremont

City of Wilford Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child F. | Twin Triplet or other? and Number in order of birth 6th (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Brower	FULL MAIDEN NAME	Rachael Hatcher
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	F. wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton MD (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Anthony, Ida

Filed Dec 10 1919 W Burst Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1972

653-109-022-294

PLACE OF BIRTH AMENDED 3/23/54

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. _____ St.

Registration District No. 99 File No. 74737

Hospital _____ Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD Henry Ostermiller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 9, 1949

What bacterioidal solution was used in eyes? _____

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

FATHER	MOTHER
FULL NAME: John Ostermiller	FULL MAIDEN NAME: Mary Kruger
RESIDENCE: St. Anthony, Idaho	RESIDENCE: St. Anthony, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Russia
OCCUPATION: Farmer	OCCUPATION: Farmer's Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

M.D.
(Physician or midwife)

Address St. Anthony, Idaho

Filed Dec. 10, 1949 W. B. West
Registrar.

Give names added from a supplemental report.

_____, 192_____

_____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 23 54
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana
County of Yellowstone } ss.

Certificate No. 74737

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Peter Ostermiller (Name on Original Certificate) who born (Was Born or Died) on Oct 9, 1919 (Date of Event)
in St Anthony Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Dec 10, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Peter Ostermiller	Henry Ostermiller

Subscribed and sworn to before me this 20 day of March, 1954

Notary Public, residing at [illegible] State of Montana
My commission expires [illegible]
(Seal) My commission expires August 12, 1955

Signed Henry Ostermiller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

11 Cherlene St. Billings Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed J. L. Bratrup
(Signature of Any Credible Person)

1837 Ave B Billings
(Street Address, City, State)

DPH 52-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 74737

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Peter Ostermellar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	4th	yes	Oct 9 1919

FATHER		MOTHER	
FULL NAME	John Ostermellar	FULL MAIDEN NAME	Mary Kruger
RESIDENCE	St Anthony Idaho	RESIDENCE	St Anthony
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Anthony Idaho

Filed Dec 10 1919 W Owen X Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1954

299-109-022-569

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74738

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St. Primary Registration District No. 217 Registered No.

Hospital

FULL NAME OF CHILD JACK BIRCH

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			3rd	yes	10 - 9 - 19

FATHER		MOTHER	
FULL NAME	Lish Birch	FULL MAIDEN NAME	Winnifred North
RESIDENCE	St Anthony	RESIDENCE	St Anthony Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mettons MD

(Physician or midwife)

Address St Anthony Ida

Given names added from a supplemental report.

19

Registrar

Filed Dec 10 1919 W Hurst Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74738

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Birch (Name on Original Certificate) who was born (Was Born or Died) on October 9, 1919 (Date of Event)

in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add child's name	Unnamed Birch	Jack Birch

Subscribed and sworn to before me this 16 day of September 1969

La Monte Bauer, Clerk by Bess C. Jenkins Deputy

~~Notary Public,~~ residing at St. Anthony, Idaho

My commission expires Elective

(Seal)

X Signed Winnie N Birch (Mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of September 1969

La Monte Bauer, Clerk by Bess C. Jenkins Deputy

Notary Public, residing at St. Anthony, Idaho

My commission expires Elective

(Seal)

Signed ✓ Iris B. Birch

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM 9H 60-155

CL 8/20/69 1 cc pd. Rec. # 20111

OCT 27 196

946-217-022-415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74739

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Alice Eleanor Rowe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	4th	yes	10 17 1919

FATHER		MOTHER	
FULL NAME	Vivian Rowe	FULL MAIDEN NAME	Eleanor Davis
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Anthony Idaho

Filed Dec 10 1919 W Dwyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1957

SEP 9 1963

MAR 20 1944

415-231-022-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH name added 10-2-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

74740

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Margery Davis

Sex of Child F. | Twin Triplet or other? and Number in order of birth 1st (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lew W. Davis	FULL MAIDEN NAME	Ethel Rice
RESIDENCE	Parker Ida	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30 a M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Anthony Idaho

Filed Dec 10 1919 - W B West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 74740
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female Davis (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 31, 1919 (Date of Event)

in Parker, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
name of child	not named	Margery Davis

Subscribed and sworn to before me this 3rd day of April, 19 81

Notary Public, Glenda M. Larson

Residing at Boise, Idaho

My commission expires Lifetime

(Seal)

Margery Davis Brawning
Signature of Applicant

2211 S.W. 1st #304, Portland, OR 97201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc 1BC

OCT 2 1981

LDS Church Cert of Birth gives Margery Davis born 10-31-19 at Parker to Lew W Davis and Ethel Rice. Entered on Record 12-21-19. Viewed by V.S.

LDS Church Cert of Baptism gives Margery Davis born 10-31-19 at Parker to Lew W Davis and Ethel Rice was baptised 6-30-28. Viewed by V.S.

416-131-022-569

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74741

County of Fremont

City of Wilford

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD DEAN CLARENCE DAW

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1st	Yes	Oct 31 1919

FATHER		MOTHER	
FULL NAME	Clarence W. Daw	FULL MAIDEN NAME	Florence North
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	F. wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 30 P M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19 ..

Address Fanthony Idaho

Filed Dec 10 1919 W. Bevery Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 74741

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Dean Clarence Daw (Birth or Death) for Birth Certificate (Name on Original Certificate) who was born (Was Born or Died) on Oct. 31, 1919 (Date of Event) in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by affidavits of mother and father (Bible Record, Insurance Policy, Etc.) prepared on this date (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dean Clarence

Subscribed and sworn to before me this 6th. day of Aug., 1942.

Ralph Sutton
Notary Public, residing at St. Anthony, Ida.

My commission expires Jan. 8, 1944.
(Seal)

Signed C. W. Daw. (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Anthony, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th. day of Aug., 1942.

Ralph Sutton
Notary Public, residing at St. Anthony, Ida.

My commission expires Jan. 8, 1944.
(Seal)

Signed Florence S. Daw (mother)
(Signature of Any Credible Person Other Than Previous Year)

St. Anthony Idaho
(Street Address, City, State)

AUG 10 1942

AUG 1 2

255-105-022-231

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 74742

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	7th	Yes	10 5 1919

FATHER		MOTHER	
FULL NAME	Geo Kendricks	FULL MAIDEN NAME	Maude Statts
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W AGE AT LAST BIRTHDAY 46 (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	W. Va	BIRTHPLACE	Kansas
OCCUPATION	Blacksmith.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony Ida

Filed Dec 10 1919 W B West
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-204-022-964

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74743

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Faye Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	7	Yes	Sept 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W C Smith	FULL MAIDEN NAME	Ethel Rouche
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Saw Mill owner	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Anthony

Filed Dec 10 1919

W D West

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Riverside } ss. DEC 20 11 50 AM '73

Certificate No. 74743

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (Femle) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 4, 1919 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Faye Smith

Subscribed and sworn to before me this 13th day of December, 19 73

OFFICIAL SEAL
Donna K. Herkelrath
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires December 20, 1976

Notary Public residing at Hemet, Calif.
My commission expires December 20, 1976 (Seal)

Signed Bertie S Horn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

43600 E. Florida Hemet Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Riverside } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of December, 19 73

OFFICIAL SEAL
Donna K. Herkelrath
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires December 20, 1976

Notary Public residing at Hemet, Calif.
My commission expires December 20, 1976 (Seal)

Signed Dorothy J. Whitestone
(Signature of Any Credible Person)

1 West Yellowstone Ave Mont.
(Street Address, City, State)

Box 670

FORM PH-40 15 GD 7/12/72

Census report from School Dist. No. 69, West Yellowstone Montana gives child's name as Faye Smith. for the year of 1932. age 13. born Sept. 4, 1919. father name given as Clifford Smith and mothermother's name as Ethel Smith. Viewed by V. S.

JAN 8 1971

Certi.f of Blessing from LDS Church gives name as Fay Smith daughter of M. C. Smith and Ethel Rauche. Born Sept 4, 1919. Was Blessed Jan. 4, 1920. Viewed by V. S.

845-130-022-615

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 49 File No. 74744

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	2nd	Yes	9 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	H. R. Hunter	FULL MAIDEN NAME	Cora Wardle
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer's Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony

Filed Dec 10 1919 J. W. Wirst
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

231-205-022-553

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH
AMENDED CHILD'S & FATHER'S NAMES
2-24-2000 MS

County of Fremont

City of St Anthony

Registration District No. 49

File No. 74745

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD MAXINE P. STACY

Sex of Child F

Twin Triplet or other? and Number in order of birth 5th
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept (Month) 5 (Day) 1919 (Year)

FATHER STACY		MOTHER	
FULL NAME	Fred ~~Stacey~~	FULL MAIDEN NAME	Margaret Nelson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Illinois	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony. Ida

Filed Dec 10 1919 [illegible] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1969

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

1-28-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

VITAL STATISTICS 00 FEB 22 PM 1:58

Certificate No. 1919-74745
Date Filed DEC. 10, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED STACEY (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on SEPT. 5, 1919 (Date of Event)

in ST. ANTHONY (FREMONT) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED STACEY	(*) Makine P. Stacy
FATHER'S NAME	FRED STACEY	FRED STACY

Subscribed and sworn to before me this 14th day of Feb, 2000

Notary Public, Beulah M Baignet
Residing at Cornelia, Wa
My commission expires 8-29-02
(Seal)

BEULAH M. BAIGNET
COMMISSION EXPIRES
NOTARY
PUBLIC
8-29-02
STATE OF WASHINGTON

Makine P. Stacy Arnold
Signature of Applicant

45527 Sauf Valley Rd
Street Address, City, State
Concrete
Wa. 98237

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc pd

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR SKAGIT COUNTY #7512
DECREE OF DISTRIBUTION AND ORDER OF DISCHARGE DATED JAN. 13, 1947
FOR FRED H. STACY ESTATE SHOWS MAXINE P. ARNOLD WAS APPOINTED EXECUTRIX
VIEWED VS.

FUNERAL HOME LETTER DATED MAY 15, 1968 CONCERNING THE DEATH OF
FREDRICK HERBERT STACY DIED DEC. 29, 1946 VIEWED VS.

MEDICARE HEALTH INSURANCE CARD ISSUED TO MAXINE P ARNOLD ON
SEPT. 1, 1984 VIEWED VS.

394-220-022-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74746

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD PHOEBE MAURINE CRUSER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	2nd	Yes	9 20 1919

FATHER		MOTHER	
FULL NAME	Frances Cruser	FULL MAIDEN NAME	Phoebe Smith
RESIDENCE	Parker.	RESIDENCE	Parker.
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Anthony Idaho

Filed Dec 10 1919 W D West Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-203-022-366

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74747

County of Fremont

City of St Anthony Registration District No. 11 File No.

No. St. Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Genevieve Evans

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			6th	yes	Aug 3 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Morgan Evans	Mary Coffin
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	30
BIRTHPLACE	Idaho	Idaho
OCCUPATION		Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton MD

(Physician or midwife)

Address St Anthony Ida

Given names added from a supplemental report.

19

Registrar

Filed Dec 10 1919 W Dewey

Registrar

NOV 2 6 1974

466-101-022-253

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74748

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Melton Herbert Dow

Sex of Child M. | Twin, Triplet or other? | and | Number in order of birth 5th | Legitimate? yes | Date of Birth Aug 1 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C H Dow	FULL MAIDEN NAME	Martha Peterson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	AGE AT LAST BIRTHDAY (Years)	54
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mass. Mass.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton MD

(Physician or midwife)

Address St Anthony Ida.

Given names added from a supplemental report.

19

Registrar

Filed Dec 10 1919

Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 7744
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County (b) City St Anthony
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City St Anthony
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address 214 Bannock Ave Manfa

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Melton Herbert Dow

5. Date of Birth (Month, day year) Aug 1 - 1919

6. Sex male **7.** Twin or Triplet S **If so—born** 1st, 2nd, 3rd 5 **8.** No. months of Pregnancy 9 **9.** Legitimate? X

FATHER OF CHILD

10. FULL NAME Mr Clarence Herbert Dow

11. Color or Race white **12.** Age at time of THIS birth 31 yrs.

13. Birthplace New Hampshire (City or town) (State or foreign country)

14. Exact Occupation Barber

15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Rebecca Paterson

17. Color or Race white **18.** Age at time of THIS birth 33 yrs

19. Birthplace Logan (City or town) Utah (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number **children of this mother**: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martha Rebecca Dow Pigrolt, being first duly sworn, say that I am related (Related to (or) acquainted with) (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Melton, (Name of attendant at birth) who attended said birth Cannot be found. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Rebecca Dow Pigrolt Signature
Manfa Ida 214 Bannock R. O. Address

Subscribed and sworn to before me on this 12th day of July, 1941

(SEAL) Maude Perry Notary Public, residing at Manfa Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

458-231-022-238

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74749

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. ____ St.

Hospital ____ Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD Emma Firma Meyer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			6th	Yes	Aug 31 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Meyer	Mary Schrarer
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Russia	Russia
OCCUPATION	Tanner	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton M.D.
(Physician or midwife)

Address St Anthony

Given names added from a supplemental report.

____ 19____

Registrar

Filed Dec 10 1919 W A Wix
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 19

619-225-022-864

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 49 File No. 74750

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1st	Yes	Aug (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Marvin Wardle	FULL MAIDEN NAME	Dora Houseley
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony Ida

Filed Dec 10 1919 W B West

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1945

318-205-022-695

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 74753

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marjorie Taylor

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
F.			2nd	yes	July (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Leon Taylor	FULL MAIDEN NAME	Eliza Winegar
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony - Ida

Filed Dec 10 1919 W B West

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 74753
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Taylor (Name on Original Certificate) who born (Was Born or Died) on July 5, 1919 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marjorie Barbara Taylor

Subscribed and sworn to before me this 27th day of June, 1959.

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1962
(Seal)

Signed Leon F. Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Father) Paris, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 1962.

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1962
(Seal)

Signed Eliza A. Taylor
(Signature of Any Credible Person) (Mother)

(Street Address, City, State)

FORM DPH 55.155

CL 6-17-59. mm 1-50¢ paid Jan. 25, 1960 - rec. #19640.

Certificate of Baptism and Confirmation from the LDS Church San Luis Obispo Ward Santa Barbara Stake dated June 4, 1956 for Kathy Toone daughter fo Harmon B. Toone and Marjorie Taylor. Born March 14, 1948 at Henford, California. Signed by James D. Cackes. Viewed by V. S.

MAR 2 3 1970

Certificate of birth from the LDS Church for Marjorie Taylor. Born July 5, 1919 at St. Anthony, Idaho. Father's name Leon Taylor and Mother's name Eliza Winegar.. Entered on Record April 4, 1920. Signed by Joseph Fielding Smith. Viewed by V. S.

213-119-022-466

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74754

County of Fremont

City of Egin — Registration District No. 97 — File No.

No. ____ St.

Hospital ____ Primary Registration District No. 2127 — Registered No.

FULL NAME OF CHILD

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			10th	yes	July 19 19

FATHER		MOTHER	
FULL NAME	Thos Ball	FULL MAIDEN NAME	Sarah Dowell
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	England	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) J E Melton MD

(Physician or midwife)

Address St Anthony

Filed Dec 10 1919 W A Webb

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-212-022-853

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

Registration District No. 99 File No. 74755

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD ELIZABETH ANN LEWIS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	4th	yes	July (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. F. Lewis	FULL MAIDEN NAME	Stella Heck
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address St Anthony

Registrar

Filed Dec 10 1919

W B Wert
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake

Certificate No. 74755
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for Unnamed Lewis (Name on original certificate) who born (Was born or died) on 7-12-1919 (Date of event)
in St. Anthony, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Lewis	Elizabeth Ann Lewis

Subscribed and sworn to before me this 2nd day of Jan 1942

[signature]

Notary Public, residing at Salt Lake City, Ut.

My commission expires 1-12-45

[SEAL]

Signed Joseph F. Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1164 E 8th So. Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lak

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of Jan 1942

[signature]

Notary Public, residing at Salt Lake City Utah

My commission expires 1-12-45

[SEAL]

Signed Stella H. Lewis
(Signature of any credible person other than the previous affiant.)

1164 E 8th So. St. SLCU
(Street Address, City, State)

Received for filing on [illegible] 1949 By (Registrar's signature)

APR 14 1975

293-118-022-243

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 74756

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	3rd	yes	July (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	T. G. Richman	FULL MAIDEN NAME	Lizzie M. Butt
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Manager, Studebaker & Co	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony

Registrar

Filed Dec 10 1919 S W Wex Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-202-022-785

Amended 1-18-63
Amended 4-29-71

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74757
Local Reg. No.
Reg. Dist. No. 99

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Georgia b. (Middle): c. (Last): Hooper

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	July 2, 1919

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Asa		Hooper	W.

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Utah	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Martha	Lorraine	Green	W.

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
26 YEARS	Idaho	2	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. E. Melton

18c. ADDRESS: St. Anthony, Ida.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Dec. 10, 1919

20. REGISTRAR'S SIGNATURE: W.B. West

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

...dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74757

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Georgia Hooper (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1919 (Date of Event) in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Male	Female

Subscribed and sworn to before me this 16 day of January, 1963

Hazel L. Hurlbert

Notary Public, residing at Eagle Idaho

My commission expires Sept. 28, 1964

(Seal)

Signed Asa Hooper

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1415 N 8th St

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 7457

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Georgia Hooper

Subscribed and sworn to before me this 6
day of Apr., 19 44

Pauline Ambrose
Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Asa Hooper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 18 1963

APR 7 1944
APR 05 1944

4-28-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
APR 29 1971
Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 74757

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Georgia Hooper (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1919 (Date of Event)
in St. Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	July 21, 1919	July 2, 1919
Mother's first name	omitted	Martha
Item 16a	4	2

Subscribed and sworn to before me this 28th day of April, 1971.

Florence Courtright

Notary Public, residing at Boise

My commission expires 4-20-71

(Seal)

Signed Rosa Hooper.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Sister's certificate on file, state of Idaho # 60560 gives mother name as Martha Loraine Green. Child born Oct. 6, 1917.
Viewed by V.S.

APR 2 9 1971

Another sister was also born in Idaho before July 2, 1919, Lucille Hooper born 1915, Certificate # DE 59-922.
Viewed by V.S.

LDS Temple Recommend dated May 9, 1964 gives birth date of Georgia Hooper Lough as July 2, 1919.
Viewed by VS

Physicians Birth certificate F. W. MacManus M.D. for own child, Luella May Lough born Feb. 25, 1934 at Buhl, Idaho gives mothers birthdate as July 2, 1919.
Viewed by VS

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. 74757

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Georgia Hooper

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M			5	Yes	July [redacted] 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Asa Hooper	FULL MAIDEN NAME	Lorraine Green
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 a M. on the date above stated.

(Signature) J E Melton

(Physician or midwife)

Address St Anthony Ida

Filed Dec 10 1919 Dowrx Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

239-205-022-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Amended 2/25/76

Registration District No. 49 File No. 74758

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ida Mae Stimpson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7	7	yes	July (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Stimpson	FULL MAIDEN NAME	Sarah Singleton
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Metton

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony

Filed Dec 10 1919 W Dwight

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS 9 06 AM '78

State of Utah } ss.
County of Washington }

Certificate No. 74758

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Stimson (female) (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1919 (Date of Event) in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Stimson	Ida Mae Stimpson
father's last name	Stimson	Stimpson

Subscribed and sworn to before me this 22 day of July 1978

Notary Public, residing at St. George, Utah

My commission expires 7-19-77

(Seal)

Signed X

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed Della S. Blake

(Signature of Any Credible Person)

165 W. 200 N St. George, Utah

(Street Address, City, State)

FORM DH 60-155

CL 10/16/73

Certif of Baptism from the LDS Church gives the child's name as Ida Mae Stimpson daughter of John Stimpson and Sarah E. Singleton. born July 5, 1919 at St. Anthony, Idaho. Baptized Sept 3, 1927. viewed by V. S.

FEB 24 1976

letter from Lewisville Second Ward Bishopric, Rigby, Stake, Rigby, Idaho gvies name as Ida May Stimpson Thomas daughter of John Stimpson and ~~Sx~~ Sarah E. Singleton born Jly 5, 1919 at At. Anthony, Idaho. Blessed Aug 4, 1919 and Baptized Sept 3, 1927 viewed by V. S.

181-102-022-866

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 74759

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	5	Yes	July (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo A Hyort	FULL MAIDEN NAME	Laura Howard
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of children of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Address St Anthony

Filed Dec 10 1919 W D West

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-202-022-231

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99 File No. 74760

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Onola Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	9th	yes	July 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W A Allen	FULL MAIDEN NAME	Ruth Blair
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony Ida

Filed Dec 10 1919 W C West
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1968

133-107-022-113

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 74761

No. ..... St.

Primary Registration District No. 2-27 Registered No. .....

Hospital .....

FULL NAME OF CHILD Infant Allen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			2	yes	July 7 19 19

FATHER		MOTHER	
FULL NAME	Paul Allen	FULL MAIDEN NAME	Lena Vendetta Jacobson
RESIDENCE	Parker, Ida	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A M. on the date above stated.

(Signature) J. E. Melton

MD

(Physician or midwife)

Address St Anthony, Ida

Filed Dec 10 1919 O. Curry Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc. 10-28-40 mp

269-206-022-849

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 74762

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			4th	Yes	July 6 1919

FATHER		MOTHER	
FULL NAME	J P Sorensen	FULL MAIDEN NAME	Martha Hurd
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A M. on the date above stated.

(Signature) J E Metton M.D.

(Physician or midwife)

Address St Anthony Ida

Filed Dec 10 1919 W D Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-129-022-493

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99 File No. 74763

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	5th	yes	June 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. Parker	FULL MAIDEN NAME	Alice M. Miller
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Anthony

Filed Dec 10 1919 W R Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-229-022-632

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

74764

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD DONNA LOUISE NEWBY

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		6th	Yes	June 29 1919

FATHER		MOTHER	
FULL NAME	C J Newby	FULL MAIDEN NAME	Augusta Louise Olsen
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	England	BIRTHPLACE	Sweden
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

(Signature) J E Melton

M D

(Physician or midwife)

Address St Anthony

Filed Dec 10 1919 W R Wright

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 8 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

74764

United States Department of Commerce
Bureau of the Census OCT 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74764
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony, Idaho
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Ida.

4. FULL NAME OF CHILD Donna Louise Newby

5. Date of Birth of Child (Month, day, year) June 29, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles James Newby

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Sunderland (City or town) England (State or foreign country)

14. Exact Occupation Clerk - Grocery Store

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Augusta Louise Olsen

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Gottenburg (City or town) Sweden (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Contra Costa } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that Dr. Melton (First name) (Last name), who attended this birth Cannot Be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Augusta Newby Signature
345 Los Medanos St. Pittsburg, Cal. P. O. Address

Subscribed and sworn to before me this 19th day of September, 19 42

(SEAL) Notary Public, residing at Pittsburg, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Aug. 20, 1944

Received for filing on OCT 26 1942 by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-128-022-154

PLACE OF BIRTH

County of Fremont

City of Wilford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 74765

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD RUSSEL LAFOAY GOULD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	and	7th	yes	June 25 1919

FATHER		MOTHER	
FULL NAME	J E Gould	FULL MAIDEN NAME	Eva Andrews
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P M. on the date above stated.

(Signature) J E Melton

MD (Physician or midwife)

Address St Anthony

Filed Dec 10 1919 A D Silvey Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont

Certificate No. 74765

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Russell Lafoay Gould (Name on Original Certificate) who Born (Was Born or Died) on June 28 1919 (Date of Event)
in St. Anthony Route #1 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Russel Lafoay Gould
Russell Lafoay Gould		

Subscribed and sworn to before me this 6th
day of July, 1942.

Signed Joseph Gould
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Clerk of District Court
Notary Public, residing at ST. ANTHONY IDA.

My commission expires
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

JUL 7 1942

JUL 9 1942

533-125
022-713

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 74766

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gordon Thomas Elliott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	3	yes	June 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John T. Elliott	FULL MAIDEN NAME	Ann B. Galbraith
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Anthony

Filed Dec 10 1919 W B Wix
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1945

4-16-41

-343-122
022-193
Amended 8-1-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74767
Local Reg. No.
Reg. Dist. No. 99

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Nolan
b. (Middle): James
c. (Last): Tuck

4. SEX: M.
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) June (Day) 22, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): E.
b. (Middle): A.
c. (Last): Tuck

8. AGE (At time of this birth): 28 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Va.
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Rosella
b. (Middle):
c. (Last): Archibald

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. J. E. Melton
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: St. Anthony, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec. 10, 1919
22. REGISTRAR'S SIGNATURE: W. B. West
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74767

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Tuck (male child) (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1919 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Nolan James Tuck
Child's Date of Birth	June 23, 1919	June 22, 1919

Subscribed and sworn to before me this 15 day of July, 19 66

..... Notary Public, residing at Helena, Montana

My commission expires June 21, 1967 (Seal)

Signed Nolan James Tuck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

729 N. Warren Helena, Montana (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Lewis & Clark } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of July, 19 66

..... Notary Public, residing at Helena, Montana

My commission expires June 21, 1967 (Seal)

Signed Velda L. Tuck
(Signature of Any Credible Person)

729 N. Warren (Street Address, City, State)

FORM DH 60-155 (Rev.) CL 7-13-66. one copy pd. rec. #15403.

L.D.S. Church Certificate of Membership, blessed Sept. 7, 1919, baptized June 22, 1927 and Confirmed June 26, 1927, Priest Mar. 3, 1935; Elder July 6, 1941 gives full name a Nolan James Tuck, born June 22, 1919 at St. Anthony, Idaho to ~~f~~ Eldridge A. Tuck and Rosella Archibald - viewed by V.S.

Marriage License and Certificate, State of Utah, County of Cache, married July 31, 1942 at Logan, Utah gives full name of groom as Nolan James Tuck and full name of bride as Nelda Pedersen - viewed by V.S.

Honorable Discharge from U.S. Army, Dec. 19, 1945 gives full name as Nolan J Tuck born June 22, 1919 at St. Anthony, Idaho - Date of Induction Feb. 24, 1944 - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74767

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St.

Hospital Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			2	Yes	June 23 19[illegible]

FATHER		MOTHER	
FULL NAME	E. A. Tuck	FULL MAIDEN NAME	Rosella Archibald
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Va	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr. J. E. Melton

(Physician or midwife)

Address St Anthony

Filed Dec 10 1919 W. Parker

Registrar

AUG 1 1966

693 - 108 - 022 - 35

Amended 2/20/79

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton — Registration District No. 94 — File No. 14768

No. ____ St. ____

Primary Registration District No. 2177 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Lee Orin Wedding

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct. 8 19 19

FATHER		MOTHER	
FULL NAME	David Rawlins Wedding	FULL MAIDEN NAME	Vesta Leavitt
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Salt Lake - Utah	BIRTHPLACE	Lewiston, Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Earl Eames MD

Physician
(Physician or midwife)

Address Teton

Filed Dec 10 19 19 — W Bevan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss. JAN 16 8 07 AM '79

Certificate No. 74768
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Leeora Wilding (Name on Original Certificate) who was born (Was Born or Died) on Oct 8, 1919 (Date of Event)
in Teton, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Leeora Wilding	Lee Orin Wilding

Subscribed and sworn to before me this 22nd day of October, 1978
Christine J. Anderson
Notary Public, residing at Teton City, Idaho
My commission expires May 16, 1979
(Seal)

Signed John A. Bean
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of October, 1978
Christine J. Anderson
Notary Public, residing at Teton City, Idaho
My commission expires May 16, 1979
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

Box 52, Teton City, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7/13/78 1bc pd. rec. # 8338

Certif of Blessing from the LD[S] Church give name as Lee Orin Wilding son of David R. Wilding and Venna Leavitt. born Oct 8, 1919 at Teton, Idaho. Blessed Jan 4, 1920. viewed by V. S.

FEB 20 1979

Honorable Discharge from the US Army gives namea as Lee O. Wilding. dated July 20, 1946. born Oct 8, 1919 at Teton, Idaho. viewed by VS

294-106-022-257

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74769

County of Fremont

City of Teton Registration District No. 99 File No.

No. ..... St.

Primary Registration District No. 217 Registered No.

Hospital .....

FULL NAME OF CHILD Raymond R. Siddoway

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			1	yes	Oct 16 1919

	FATHER	MOTHER
FULL NAME	James Clarence Siddoway	FULL MAIDEN NAME Ruth Bean
RESIDENCE	Teton Idaho	RESIDENCE Teton
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Teton Idaho	BIRTHPLACE Provo, Utah.
OCCUPATION	Stockman	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Eames M D

Physician (Physician or midwife)

Address Teton

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 10 1919 W Burt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1974

795-125-022-231

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 99 File No. 74770

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Warren Kay Pincock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Bert Pincock	FULL MAIDEN NAME	Altzina Ruth Blake
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sugar City Ida	BIRTHPLACE	Riverton Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Eames mtd

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Teton Idaho

Registrar

Filed Oct 10 1919 W B Wexl Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 15 1944

APR 17 1968

816-227-022-499

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 99 File No. 74771

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Norma Haws

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon Haws	FULL MAIDEN NAME	Afton Driggs
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Teton	BIRTHPLACE	Driggs Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Eames M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Teton

Filed Dec 10 1910 W B West

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-227-022468

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74772

County of Fremont

City of Newdale Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Lida Robison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct 27 1919

FATHER		MOTHER	
FULL NAME	Heber Clarence Robison	FULL MAIDEN NAME	Maud Clarice Johnson
RESIDENCE	Newdale	RESIDENCE	Newdale
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Grantsville, Utah	BIRTHPLACE	Grantsville, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 Noon on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Eames M.D.

Physician (Physician or midwife)

Address Teton Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec 10 1919 W Burt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1966

753-215-022-25-5

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74773

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. .....

Primary Registration District No. 2127 Registered No. .....

Hospital no

FULL NAME OF CHILD Delphina Peteros

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Sept 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emanuel Peteros	Bolina Berris
RESIDENCE	St Anthony	St Anthony
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Mexico	Mexico.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) E. Eames M D
Physician
(Physician or midwife)

Address Teton Idaho

Filed Dec 10 1919

W A Wood
Registrar

293-127-022-432

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of ~~Newdale~~ Rexburg

No. ..... St.

Hospital —

Registration District No. 99 File No. 74774

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD James Ricks Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rual Ricks	FULL MAIDEN NAME	Emmaline McKinley
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Scofield, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Eames M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Teton Idaho

Filed Dec 10 1919 W. Albert Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-118-022-334

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74775

County of Fremont

City of Newdale

Registration District No. 97 File No.

No. St.

Primary Registration District No. 217 Registered No.

Hospital

FULL NAME OF CHILD Glenn Cluff Beam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept 5 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Wardellus Beam	Edna Maud Cluff
RESIDENCE	Newdale	Newdale
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Provo Utah	Provo, Utah
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Francis MD

Physician
(Physician or midwife)

Address Teton Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec 10 1919 A. D. West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 1942

MAY 1 9 1966

299-129-022-462

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Newdale

Registration District No. 49 File No. 74776

No. — St.

Primary Registration District No. 2177 Registered No.

Hospital no

FULL NAME OF CHILD Earl Moss Bird

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	no			yes	Aug (Month) 29 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Lewis Bird	FULL MAIDEN NAME	Ethel Moss
RESIDENCE	Newdale	RESIDENCE	Newdale
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Farmer & Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Eames M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Teton, Idaho

Registrar

Filed Dec 10 1919 W A Weed Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-216-022-465

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74777

County of Fremont

City of Teton

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital no

FULL NAME OF CHILD Mary Lillian Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 16 1919

FATHER		MOTHER	
FULL NAME	Iseral Hyrum Clark	FULL MAIDEN NAME	Rhoda Lene Donaldson
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Meeden Utah
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:00 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) E. Eames M.D.

Physician
(Physician or midwife)

Address Teton Idaho

Filed Dec 10 1919

W. D. West
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible] ...MENT OF [illegible] VITAL STATISTICS

[illegible] 14776

No. 154-225-022-[illegible] [illegible] District No. ..... State File No. .....

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Betty Jane Anderson

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female				Yes	Sept 25, 1919 [illegible] (Month, Day, Year)

FATHER	MOTHER
9. Full name: Hyrum Andrew Anderson	18. Full maiden name: Eva Newton Barrett
10. Residence (usual place of abode) (If non-resident, give place and State): Rigby, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Rigby, Idaho
11. Color or race: Wh | 12. Age at last birthday: 51 (years)	20. Color or race: Wh | 21. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or Country): Utah	22. Birthplace (city or place) (State or Country): Iron Mt. Michigan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 8:20 at a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

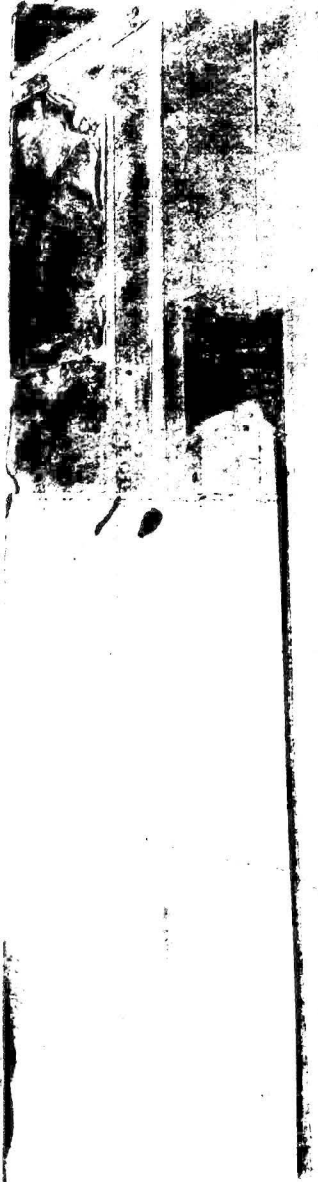
(Signed) J D Louis M D, M. D.

or ....., Midwife

Address St. Anthony, Idaho

Filed Dec 10, 1919, [illegible] W B Leart Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of [illegible] one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth



431-109-022-133

PLACE OF BIRTH

County of Fremont.

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 99

Primary Registration District No. 2177

File No. 74779

Registered No. _____

FULL NAME OF CHILD Kenneth Grant McArthur

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	May 9 1919 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Daniel D. McArthur	Cora Edna Allen
RESIDENCE	Fremont Co	Fremont Co.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43	25
BIRTHPLACE	Wellsville Utah	Coalville Utah
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 10 A. M.

(Signature) J. D. Louis

(Physician or midwife)

Address St Anthony Idaho.

Filed Dec 10 1919

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-109-022-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74780

County of Fremont

City of Wilford

No. _____ St.

Hospital _____

Registration District No. 99 File No. _____

Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD Albert Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar. 9 1919

FATHER		MOTHER	
FULL NAME	Edward W. Johnson	FULL MAIDEN NAME	Lucinda E. Pincock
RESIDENCE	Wilford. Idaho	RESIDENCE	Wilford - Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Big Cotton Wood, Utah.	BIRTHPLACE	Wilford Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Louis

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address St. Anthony, Idaho.

_____ 19__

Filed 12-10 1919 W. A. Corst

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 195

141-117-022-155

PLACE OF BIRTH City of birth and name added 9-23-83 fc

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

Registration District No. 99

File No. 74781

No. ____ St.

Primary Registration District No. 2177

Registered No. ____

Hospital ____

FULL NAME OF CHILD DOSS ADAMS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar. 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Roy Adams	Jennie Marietta Jenkins
RESIDENCE	Fremont Co.	Fremont Co.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	18
BIRTHPLACE	Haden - Idaho	Goshen - Utah
OCCUPATION	Student	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

(Signature) J. D Louis

(Physician or ~~midwife~~)

Address St. Anthony, Idaho

Filed 12 10 1919

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 12 9 17 AM '83

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of SL

Certificate No. 74781

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Adams (Male) (Name on Original Certificate) who was born (Was Born or Died) on March 17, 1919 (Date of Event)
in Fremont County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Military Records (Bible Record, Insurance Policy, Etc.) prepared on July 11, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Doss Adams
birthplace	omiited	St. Anthony

Subscribed and sworn to before me this 13 day of April, 1983

Notary Public, residing at Sandy Utah

My commission expires 3/7/87

(Seal)

Signed Doss A Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1785 E 11400 S. Sandy, Utah 84092
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of SL

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of April, 1983

Notary Public, residing at Sandy Utah

My commission expires 3/7/87

(Seal)

Signed Winnie L Jenkins
(Signature of Any Credible Person)

524 W. 5720 So Murray Utah 84107.
(Street Address, City, State)

FORM DH 60-155

CL 5/10/78 nm

SEP 2 3 1983

Insurance Record show name as Doss Adams age 27, born in Idaho, policy # 35 58 26. Issued March 1, 1946. Nationa Service Life Insurance
Viewed by V.S.

Army of the U. S. Discharge issued to Dean Doss Adams gives birthdate as March 17, 1919, born at St. Anthony, Idaho. Issued Jan. 29, 1946.
Entered service July 18, 1941.
Viewed by V.S.

843-111-022-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74782

County of Fremont

City of _____ Registration District No. 99 File No. _____

No. _____ St. Primary Registration District No. 2177c Registered No. _____

Hospital _____

FULL NAME OF CHILD Clifton Edgar Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar. 11 1919

FATHER

FULL NAME Jick Hall

RESIDENCE Fremont County.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Hopkinsville, Ky.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ruby Birch

RESIDENCE Fremont County

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Colville, Utah.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

(Signature) J. D. Lewis

(Physician or midwife)

Address St. Anthony, Idaho.

Filed 12/10 1919 W. Leeper Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 88071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-102-022-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74783

County of Fremont

City of Wilford

No. _____ St.

Hospital _____

Registration District No. 99

File No. _____

Primary Registration District No. 2177

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Mar. 2 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Harrison Black	FULL MAIDEN NAME	Mary Lydia Birch
RESIDENCE	Wilford, Idaho	RESIDENCE	Wilford, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Oxford Idaho	BIRTHPLACE	Wilford, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1130 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Louis

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address St Anthony Idaho

Filed Dec 10 1919 W D Wright Registrar

S-Y-CO 36071

299-122-022-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

Registration District No. 99

File No. 74784

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lowell [illegible] Brisbin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 22 1919

FATHER		MOTHER	
FULL NAME	Marshall Ney Brisbin	FULL MAIDEN NAME	Mabel Claudia Moore
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Milford, Nebraska	BIRTHPLACE	Burns, Oregon
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Louis

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address St Anthony Idaho

Filed Dec 10 1919 W B Wert

Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 30 1942

JUN 20 1942

962-217-022-865

PLACE OF BIRTH

County of Fremont

City of Egin

No. ____ St. ____

Hospital ____

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74785

Registration District No. 99 File No. ____

Primary Registration District No. 2177 Registered No. ____

FULL NAME OF CHILD Thelma Sarah Robertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov 17 1919

FATHER		MOTHER	
FULL NAME	Orville Robertson	FULL MAIDEN NAME	Sarah Hendricks
RESIDENCE	Egin Ida	RESIDENCE	Egin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Burk M.D.

(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Registrar

Address ____

Filed Dec 10 1919

W. D. Burk
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 4 1944

DECEASED

386-121-022-339

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. 74786

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wallace Lawrence Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male				yes	Nov 21 19

FATHER		MOTHER	
FULL NAME	David Thomas	FULL MAIDEN NAME	Mary Margret Clifford
RESIDENCE	St Anthony	RESIDENCE	St Anthony "
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Oda	BIRTHPLACE	Oda
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 40 P. M. on the date above stated.

(Signature) W B West

(Physician or midwife)

Address .....

Filed Dec 10 1919

W B West
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.
ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
If more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1972

H BORN 1919

954-111-022-25 ne.

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 19 File No. 74787

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Remington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
				Yes	Nov 11 19

FATHER	MOTHER
FULL NAME Elwin Remington	FULL MAIDEN NAME Vira Hart
RESIDENCE Parker	RESIDENCE Parker
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a. M.
(Born alive or stillborn)
on the date above stated.

(Signature) W R Hart

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

Filed Dec 10 1919 W R Hart Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

H BORN 1919

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74788

County of Fremont

City of St Anthony

667-120-022-843

No. ..... St.

Registration District No. 79 File No. .....

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD BOB H. Fogg

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	NOV	20	1919

FATHER

FULL NAME A Drury Fogg

RESIDENCE St Anthony Ida

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Ida.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Delores Hutchinson

RESIDENCE St Anthony

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho.

OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.45 P. M. on the date above stated.

(Signature) W B Hurst, M.D

(Physician or midwife)

Address St. Anthony, Idaho

Filed Dec 10 1919 W B Hurst M.D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-6-1941. dp

MAR 29 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613 - 223-030-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 74789

County of Lemhi

City of near Salmon Registration District No. 41 File No.

No. St. Primary Registration District No. 216 Registered No.

Hospital

FULL NAME OF CHILD Margery Irma Malcomb

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 23 1919

FATHER		MOTHER	
FULL NAME	Frank Malcomb	FULL MAIDEN NAME	Bertha Webb
RESIDENCE	Hota near Salmon	RESIDENCE	near Salmon
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	W Va	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Hswf

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:50 P. M. on the date above stated.

(Signature) J S Wright M D

(Physician or midwife)

Address

Filed 12/10 19 19 M. Deering Greene Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

DEC 2 6 1973

254-209-018-699

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATI[redacted]

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 74790

No. ..... St.

Primary Registration District No. 2168 Registered No. 68

Hospital .....

FULL NAME OF CHILD Edna Fern Knutson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred W. Knutson	FULL MAIDEN NAME	Ada E. Orr
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	No Dak	BIRTHPLACE	Oregon
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino Ida

Filed Nov 9th 1919 J. M. Fairley Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. A.

289-109-018-652

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74791

County of Clearwater

City of Ahsahka

Registration District No. 90

File No.

No. ..... St.

Primary Registration District No. 2168

Registered No. 69

Hospital .....

FULL NAME OF CHILD Charles Sherman Emmert Shine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct. 9th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Shine	FULL MAIDEN NAME	Cecelia Wesler
RESIDENCE	Ahsaka Ida	RESIDENCE	Ahsaka Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Southwick Ida

..... 19....

Filed Dec 20 1919 J. M. Faily

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 28, 1940. E.W.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Clearwater

Certificate No. 74791
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Charles [illegible] (Birth or death)
for Sherman Emmett Shine (Name on original certificate) who born (Was born or died) on October 9, 1919 (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Charles Sherman	Sherman Emmett
Maiden name	Werner	Wiesler

Subscribed and sworn to before me this 7 day of June 19[illegible]

[illegible]
Notary Public, residing at Orofino Idaho
My commission expires May 10, 1945
[SEAL]

Signed Charles Shine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Orofino Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399-112-018-436

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Southwick

Registration District No. 90

File No. 74792

No. ..... St.

Primary Registration District No. 2168

Registered No. 70

Hospital .....

FULL NAME OF CHILD Leslie Gale Triplet

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	Oct 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Leslie Triplet	FULL MAIDEN NAME	Elva Marie McFadden
RESIDENCE	Southwick Ida	RESIDENCE	Southwick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile M Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Idaho

Filed Dec 20 1919

J M Fairly
Registrar

S-Y-CO 38071

694-113-018-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74793

County of Clearwater

City of Weippe

No. ..... St.

Hospital .....

Registration District No. 90

File No. .....

Primary Registration District No. 2168

Registered No. 71

FULL NAME OF CHILD Harold Fidler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Oct 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Fidler	FULL MAIDEN NAME	Bertha Carr
RESIDENCE	Weippe Idaho	RESIDENCE	Weippe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erik N Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Ida.

Filed Dec 20 1919 J M Fairby Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1944

249-124-018-168

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74794

County of Clearwater

City of Lenore

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No. 72

Hospital

FULL NAME OF CHILD Verle Elvis Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	Oct 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orville Smith	FULL MAIDEN NAME	Bessie Johnston
RESIDENCE	Lenore Idaho	RESIDENCE	Lenore Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell (Physician or midwife)

Given names added from a supplemental report.

Address Orofino, Ida

19

Filed Dec 20 1919 J M Fairley Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

528-203-018-386

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74795

County of Clearwater

City of Fraser

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No. 73

Hospital

FULL NAME OF CHILD Lazetta May Eby.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	Nov 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Lee Eby.	FULL MAIDEN NAME	Viola Thornton
RESIDENCE	Fraser Idaho.	RESIDENCE	Fraser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 19 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eck S. Horswell (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho Physician

19

Filed Dec 20 1919 J. M. Feisly Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1943

JAN 3 0 1961

249-105-018-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74796

County of Clearwater

City of Ikeam

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No. 74

Hospital

FULL NAME OF CHILD Orval James Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Nov 5 1919

FATHER		MOTHER	
FULL NAME	Roy C. Smith	FULL MAIDEN NAME	Mary Frasier
RESIDENCE	Ikeam Idaho	RESIDENCE	Ikeam Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell (Physician or midwife)

Given names added from a supplemental report.

19

Address Orofino, Ida, Physician

Filed Dec 20 1919 J H Fairby Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 8 1958

JUN 3 0 1959

249-207-018-347

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74797

County of Clearwater

City of Ahsahka

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No. 75

Hospital

FULL NAME OF CHILD Lola Ellen Burnett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	Nov 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	General Harrison Burnett	FULL MAIDEN NAME	Mattie Tuggle
RESIDENCE	Ahsahka Idaho	RESIDENCE	Ahsahka Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle M Horswill (Physician or midwife)

Given names added from a supplemental report.

19

Address Orofino Idaho Physician

Filed Dec 20 1919 J. M. Fairley Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

566-1011-018-868

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74798

County of Clearwater

City of Orofino

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No. 76

Hospital

FULL NAME OF CHILD John Oliver Noflsger

Sex of Child Boy

Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Harby Noflsger	FULL MAIDEN NAME	Mabel Holmberg
RESIDENCE	Orofino	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

* I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell (Physician or midwife)

Given names added from a supplemental report.

19

Address Orofino Ida Physician

Filed Dec 20 1919 J. M. Finley

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1965

449-212-018-236

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74799

County of Clearwater

City of Tekoa

Registration District No. 46 **File No.**

No. ..... *St.*

Primary Registration District No. 2168 **Registered No.** 77

Hospital

FULL NAME OF CHILD Gertrude Murray

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	11/12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Ben Murray	FULL MAIDEN NAME	Mollie Bloom
RESIDENCE	Tekoa Idaho	RESIDENCE	Tekoa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile M Horswell
(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Filed Dec 20 1919 J M Finley *Registrar*

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1943

917-120-005-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

For

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 46 File No. 74800

Primary Registration District No. 2123 Registered No. 82

FULL NAME OF CHILD Howard, Dale, Rapp.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 20th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Theodore, Rapp.	FULL MAIDEN NAME	Ethel, Sophia, Christian.
RESIDENCE	Plummer, Idaho.	RESIDENCE	Plummer, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Desmoines, Iowa.	BIRTHPLACE	Spokane, Washington
OCCUPATION	Engineer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth (1) one. Number of children of this mother now living, including present birth (1) one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10-45-A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, L.C.

Accoucheur, (Physician or midwife)

Given names added from a supplemental report.

..... 19....

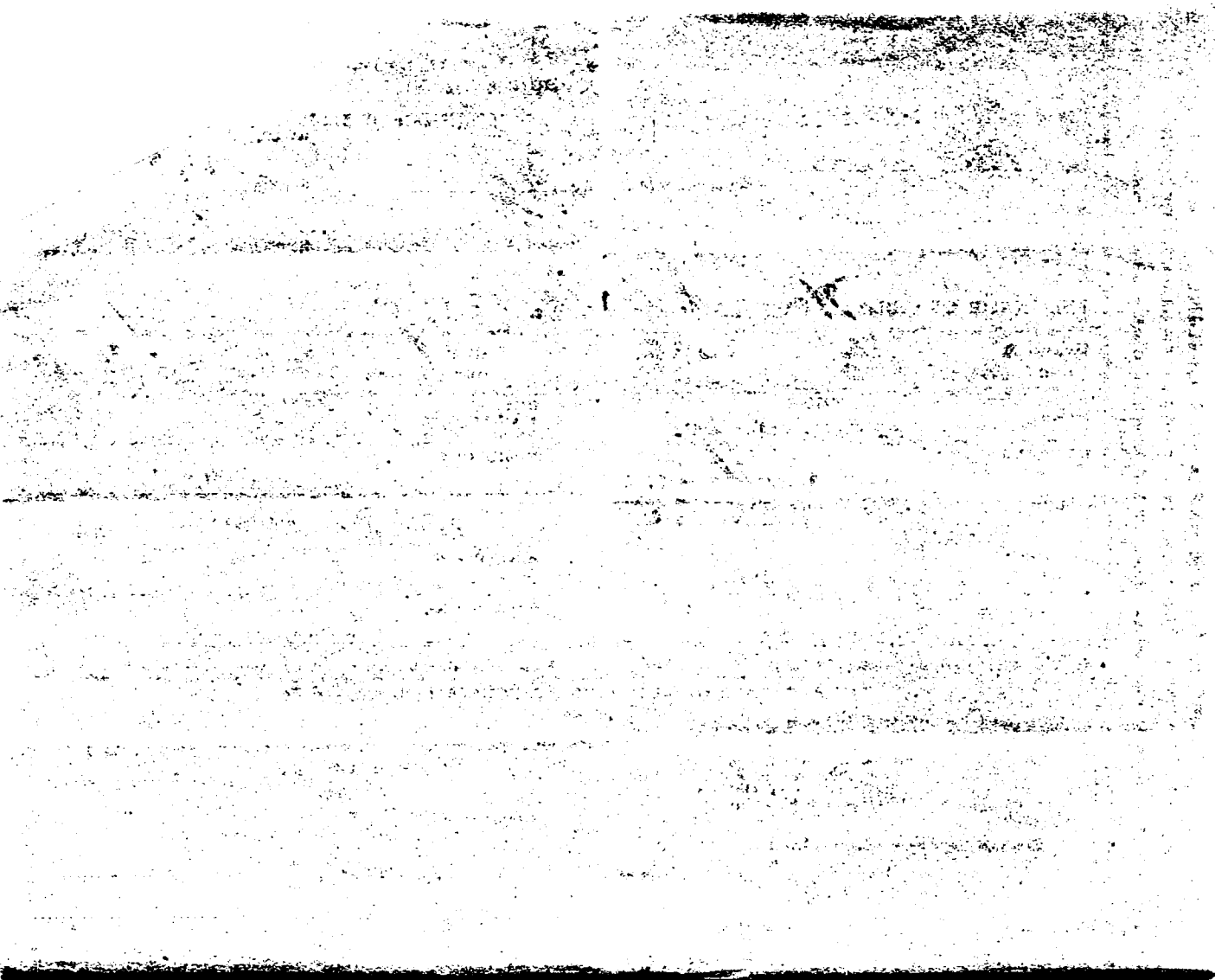
Address Plummer, Idaho.

Filed Dec 20 1919

..... Registrar

..... Registrar

S-Y CO. 24655



397-231-039-654

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls — Registration District No. 25 — File No. 74802

No. ..... St. — Primary Registration District No. 2072 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Jane Tipton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.		1	Yes	Dec 31 1919

FATHER		MOTHER	
FULL NAME	William Earl Tipton	FULL MAIDEN NAME	Etta Katherine Reddle
RESIDENCE	American Falls Idaho	RESIDENCE	American Falls Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Arlington Kan.	BIRTHPLACE	Sweet Springs, Mo.
OCCUPATION	Clerk	OCCUPATION	Housework

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:20 A.M. on the date above stated.

(Born alive or stillborn)

(Signature) Richard E. Mock

(Physician or midwife)

Address American Falls Ida

Filed Dec 31 1919 Richard E. Mock

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

566-225-025-219

PLACE OF BIRTH

Amended Feb. 3, 1955

County of IDAHO

City of PITTSBURG

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 74805

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD JOYCE JUNE NEWKIRK
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE		YES	DEC. 25 1919

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: OSCAR NEWTON NEWKIRK	FULL MAIDEN NAME: PANSIE BARNES
RESIDENCE: PITTSBURG, LANDING	RESIDENCE: P. L.
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: GRANTSLICK, KY.	BIRTHPLACE: LOST RIVER, IDAHO
OCCUPATION: RANCHER	OCCUPATION: HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE, at 12:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. FORKETT
M. D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Dec 1919 W. A. Forkett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 3 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Idaho }

Certificate No. 74805

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death), for Jercy June Newkirk (Name on Original Certificate) who was born (Was Born or Died) on Dec. 25, 1919 (Date of Event) in Pittsburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Jercy	Joyce

Subscribed and sworn to before me this 29th day of January, 1955

Grace A. Dunney
Notary Public, residing at Mercer Island, Wx
My commission expires 2-25-1957
(Seal)

Signed Pansy Mae Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gen Del Puyallup Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 1955

Grace A. Dunney
Notary Public, residing at Mercer Island, Wx
My commission expires 2-25-1957
(Seal)

Signed Bill E. Taylor
(Signature of Any Credible Person)

1415 Boren Ave Apt 502
(Street Address, City, State)
Seattle Wash.

DPH 52.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ida

~~City of~~ Pittsburg

Registration District No. _____ File No. 74805

No. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Joscy June - Newkirk

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)			Yes	Dec (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Newton Kirk	FULL MAIDEN NAME	Pansie Barnes
RESIDENCE	Pittsburg Landing	RESIDENCE	P. L.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Grantslick - Ky -	BIRTHPLACE	Lost River Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

M. D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Dec 1919

W. A. Foskett, Registrar

S-Y CO. 24655

[redacted]

DEC 3 1954

FEB 4 1955

981-123-025 [illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

verification of date of birth

County of Idaho

City of Canfield P.O.

Registration District No. 104

File No. 74806

No. _____ St.

Primary Registration District No. 2182

Registered No. _____

Hospital _____

FULL NAME OF CHILD Frederic Earl Ryan

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov (Month) 23 (Day) 191[illegible] (Year)

FATHER	MOTHER
FULL NAME Grover Clarence Ryan	FULL MAIDEN NAME Flecie Shinn
RESIDENCE Rice Creek	RESIDENCE Rice Creek
COLOR White — AGE AT LAST BIRTHDAY 24 (Years)	COLOR White — AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Christian Co.* [illegible] Ill	BIRTHPLACE Cas Co. Neb.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn), at 6 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H.A.Shinn

Nurse (Physician or midwife)

Given names added from a supplemental report.

Address Canfield P.O. Ida.

_____ 19__

Filed _____ 19__

W. A. Foskett
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1943

Z. File Data

895-106-025 Verification of Birth - date

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

~~City of~~ Rapid River Ranch

Registration District No. 104

File No. 74807

No. _____ St.

Primary Registration District No. 2183

Registered No. _____

Hospital _____

FULL NAME OF CHILD Herbert Elmer Hinkley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Burt B. Hinkley	FULL MAIDEN NAME	Ida Bell ~~Hinkley~~ Irwin
RESIDENCE	Pollock	RESIDENCE	Pollock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Grand Island Neb.	BIRTHPLACE	Pocahauntis Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11-55 PM. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elgie B. Gotzinger

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Pollock Idaho

Filed Dec 1919

W. A. Foskett
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1946

Dup of 1919-410877

364 - 131 - 038-46

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74808

County of Payette

City of Payette [redacted] Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 81

Hospital

FULL NAME OF CHILD [redacted] Ace Leighton Coulter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct. 31 1919

FATHER

FULL NAME Fernando Coulter

RESIDENCE Near 434 N 7th St Payette

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Minnesota

OCCUPATION Labor

MOTHER

FULL MAIDEN NAME Lulu Mayfield

RESIDENCE Near 434 N 7th St Payette

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Alabama

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) O. H. Avery

Physician
(Physician or midwife)

Address Payette, Ida.

Filed Dec 15 1919 J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 1 1951

MAY 19 1954

12/2/40 L. B.

794-113-038-965

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette — Registration District No. 4 — File No. 74809

No. 409 N 7th St. — Primary Registration District No. 1008 — Registered No. 82

Hospital

FULL NAME OF CHILD Lizzie Giddings Alonzo Milton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 13 19

FATHER

FULL NAME T. E. Giddings

RESIDENCE 409 N 7th St. Payette Ida.

COLOR White — AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Iowa

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Effie L. Donnelson

RESIDENCE 409 N 7th St. Payette Ida

COLOR White — AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette, Idaho

Filed Dec 15 1919 J. C. Woodward Registrar

K

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Payette }

Certificate No. 74-807
Date Filed JUL 29 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Lile Bidding (Name on original certificate) who was born (Was born or died) on Nov 13, 1919 (Date of event)
in Payette, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Birth Certificate (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
~~Thomas C. Bidding~~ Name	Lile Bidding	Alonzo Milton Bidding

Subscribed and sworn to before me this 29th
day of July, 19 41

Notary Public, residing at Payette Idaho
My commission expires Judge
[SEAL]

Signed Thomas C. Giddings
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

238-215-038-335

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 74810

No. 413 N 9th St.

Primary Registration District No. 1008 Registered No. 83

Hospital

FULL NAME OF CHILD Unnamed Nellie Jean Schweizer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 15 1919

FATHER	MOTHER
FULL NAME: G. E. Schweizer	FULL MAIDEN NAME: Rena Clement
RESIDENCE: 413 N. 9th St. Payette	RESIDENCE: 413 N 9th St. Payette
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Oregon
OCCUPATION: Housewife	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician
(Physician or midwife)

Address Payette

Given names added from a supplemental report.

19

Registrar

Filed Dec. 15 1919 J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 5 1952

168-116-038-185

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No 1030 Crulis Ave St.

Hospital

Registration District No. 4 File No. 74811

Primary Registration District No. 1008 Registered No. 84

FULL NAME OF CHILD Harold Arthur Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Johnson	FULL MAIDEN NAME	Hazel Ayres
RESIDENCE	Fruitland, Idaho	RESIDENCE	Fruitland Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 07 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Ida

Filed Dec 15 1919 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1973

APR 24 1973

-263-102-038-793

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Hospital

Registration District No. 4 File No. 74812

Primary Registration District No. 1008 Registered No. 85

FULL NAME OF CHILD Unnamed Leland Roscoe Solders

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec. 2. 1919.

FATHER	MOTHER
FULL NAME J. R. Balders	FULL MAIDEN NAME Mary Gillespy
RESIDENCE One mile North of Payette Ida	RESIDENCE One mile North of Payette Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Oregon
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) O. H. Avery

Physician
(Physician or midwife)

Address Payette Idaho

Filed Dec 15 1919 J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 74812
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for unnamed Solders (Name on original certificate) who born (Was born or died) on Dec. 2nd 1919 (Date of event)
in Payette (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (Bible record, insurance policy, etc.) prepared on Sept. 15th 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	omitted	Leland Reagan Solders

Subscribed and sworn to before me this 15th
day of September, 1941
Myrna L. Brewer
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed Mary Soldiers Love
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2908 Reagan Ave, Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

9/10/41

DEC 24 1945

254-220-28-155

Form V. S. No. 51-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Near Payette Registration District No. 4 File No. 74813

No. ..... St.

Primary Registration District No. 1008 Registered No. 86

Hospital .....

FULL NAME OF CHILD VIRGINIA BELL BEDSAUL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	and		Yes	Dec 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R L Bedsaul	Lona Jennings
RESIDENCE	Payette Ida	Payette Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	24
BIRTHPLACE	Virginia	Virginia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J R Woodward

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 24, 1919 J C Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Virginia }ss. OCT 24 1942
County of Grayson

Certificate No. 74813

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	VirginiaBell Bedsaul

Subscribed and sworn to before me this 19th
day of October, 1942

Notary Public, residing at Grayson Co., Va.
My commission expires 8/8/44
(Seal)

Signed Mrs Lena M Bedsaul
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of _____, 19____

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 3 1966

OCT 26 1942

155-126
038-866

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Near Payette

No. ..... St.

Registration District No. 4 File No. 74814

Primary Registration District No. 1008 Registered No. 87

Hospital .....

FULL NAME OF CHILD VERNON SHELBY JENSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Jensen	Ellen Howard
RESIDENCE	Near Payette Ida	Near Payette Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward M D

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 30, 1919 J C Woodward
Registrar

MAR 30 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Payette } ss.

Certificate No. 74814

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vernon Shelby Jensen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 26, 1919 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 26, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Vernon Shelby Jensen

Subscribed and sworn to before me this 19th
day of March, 1942.

Keith K. Anderson
Notary Public, residing at Payette, Ida.

My commission expires June 5, 1945
(Seal)

Signed Dora Ellen Jensen
Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.R.#2, Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Payette } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of March, 1942.

Keith K. Anderson
Notary Public, residing at Payette, Ida.

My commission expires June 5, 1945
(Seal)

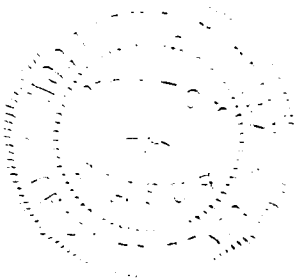
Signed W. S. Scott
(Signature of Any Credible Person Other Than Previous Year)

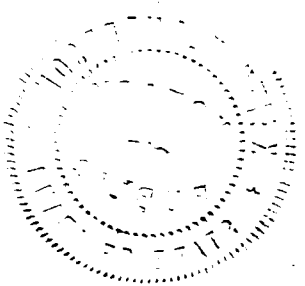
(Street Address, City, State)

MAR 25 1947

JAN 26 1951

JAN 29 1951





842-111-043-619

[redacted]

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Valley

City of Mc Call

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 74815

Primary Registration District No. ..... Registered No. 227

FULL NAME OF CHILD Frank Stuart Hubbard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	Dec 11 191 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orval Hartley Hubbard	Mary Alice Ware
RESIDENCE	Mc Call	Mc Call
COLOR		
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Idaho	Kansas
OCCUPATION	Laborer	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.30 A. M. on the date above stated.

(Signature) Mrs J. L. McFall

(Physician or midwife)

Address .....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed DEC 16 1920 Ruth Eagen Registrar

S-Y-CO 38071

231-110-011-194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Moravia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2[illegible]-8-17

74816

Registration District No. 79

File No. .....

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD Asher William States

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Dec. 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Burton J. States	FULL MAIDEN NAME	Daisy Armstrong
RESIDENCE	Moravia, Ida.	RESIDENCE	Moravia, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12.45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Ida.

Filed 12/10/1919 E. E. Fry

Registrar

Registrar

c.c. 5/17/41. w.h.

[redacted]

792-111-011-465

Form V. S. No. 11-G—[illegible]-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 74817

No. ..... St. Primary Registration District No. 2156 Registered No. .....

Hospital Bonners Ferry

FULL NAME OF CHILD Robert Lewis Gibson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1	Yes	Dec. 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Fleming Gibson	FULL MAIDEN NAME	Sara E. Montgomery
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Penn
OCCUPATION	Clergyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Frey

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida

Filed Dec. 16 1919 E. E. Frey Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

SEP 8 1969

6/5/41 L. B.

792-111-011-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 77

File No. 74818

No. ..... St.

Primary Registration District No. 315-6

Registered No. .....

Hospital Bonners Ferry

FULL NAME OF CHILD Thomas Montgomery Gibson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes.	Dec. 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John F. Gibson	FULL MAIDEN NAME	Sara E. Montgomery
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	Clergyman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Ida.

Filed Dec. 16 1919 E. E. Fry

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 74818

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Thomas Montgomery Gibson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Thomas Montgomery Gibson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JAN 26 1944

759-120-011-799

[redacted]

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 79

Primary Registration District No. 3156

File No. 74819

Registered No. .....

FULL NAME OF CHILD Glenn Charles Perry

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	Yes	Dec 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Perry	FULL MAIDEN NAME	Hazel Prichard
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Section foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF [redacted]ENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child [redacted] born alive (Born alive or stillborn) at 5.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Faulkner M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Bonners Ferry Ida

Filed Dec 22 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1950

345-120-011-695

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Boundary

City of Naples

No. ..... St.

Hospital .....

Registration District No. 77 File No. 74820

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Jack Lunden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	Dec. 20 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emil Lunden	FULL MAIDEN NAME	Ida Finney
RESIDENCE	Naples, Ida	RESIDENCE	Naples, Ida
COLOR	White AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Ida

Filed Dec. 20 1919. E E Fry Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 9/10/10
p32

466 - 227 - 011 - 134

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79. File No. 74821

No. ..... St. Primary Registration District No. 21-6 Registered No. .....

Hospital .....

FULL NAME OF CHILD Roberta Louise Doolittle

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	—	Yes	Dec. 27 — 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt. L. Doolittle	FULL MAIDEN NAME	M. Louise Aldrich
RESIDENCE	Priest River, Ida.	RESIDENCE	Priest River, Ida.
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wis	BIRTHPLACE	Kan.
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fox

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 28-19 19 E. E. Fox Registrar

363-129-011-145

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79

File No. 74822

No. ..... St.

Primary Registration District No. 2156

Registered No. .....

Hospital Bonners Ferry Hospital

FULL NAME OF CHILD Ralph Winfred Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Robert Cole	FULL MAIDEN NAME	Eva Auer
RESIDENCE	Addie Ida	RESIDENCE	Addie Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Fauchon M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry Ida

Filed 12/31/1919

E. E. Fry
Registrar

Registrar

JUL 1 1954

365-230-011-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry — Registration District No. 71 — File No. 74823

No. ..... St. — Primary Registration District No. 7126 — Registered No. .....

Hospital Maguire

FULL NAME OF CHILD Joyce Conley

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Dec. 30 1919

(To be answered only in event of plural births)

FATHER

FULL NAME: Stanley Conley

RESIDENCE: Bonners Ferry, Ida.

COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Carpenter

MOTHER

FULL MAIDEN NAME: Lena Beck

RESIDENCE: Bonners Ferry, Ida.

COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fox

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 30 1919.

E. E. Fox

Registrar

DEC 1 1969

356-131-031-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 74824

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert John Lewis.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Dec. 31. 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Andrew Lewis	FULL MAIDEN NAME	Mary Alberta Seifert
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.35 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida

Registrar

Filed Dec. 31 1919 E. E. Fry Registrar

JAN 14 1942

863-128-009-667

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, I

No. ..... St.

Hospital City

Registration District No. 78 File No. 74826

Primary Registration District No. 2135 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Dec. (Month) 28 (Day) 19 19 (Year)

FATHER	MOTHER
FULL NAME: Thomas Hettel	FULL MAIDEN NAME: Nora Fox
RESIDENCE: Kootenai, Idaho.	RESIDENCE: Kootenai, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 19 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Washington
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Floyd G. Wendle M.D.

Sandpoint Idaho
(Physician or midwife)

Address Sandpoint, Idaho.

Filed Jan 7 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-222-009-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, Idaho

Registration District No. 78 File No. 74827

No. 424 Superior St.

Primary Registration District No. 2155 Registered No.

Hospital Mrs. J. H. Lancaster

FULL NAME OF CHILD Betty Louise Harper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Isaac Lloyd Harper	FULL MAIDEN NAME	Alma Leita ~~Harper~~ Scriver
RESIDENCE	Lakeview Idaho.	RESIDENCE	Lakeview Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Palouse, Washington	BIRTHPLACE	Gaylord Michigan
OCCUPATION	Engineer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle M.D.

Sandpoint, Ida.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Sandpoint Idaho

Filed Jan 7 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1 1943

766 - 129 - 009 - 563

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 78 File No. 74828

No. ..... St.

Hospital ..... Primary Registration District No. 215 5 Registered No. .....

FULL NAME OF CHILD John Robert Pool Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	Dec 29 19 19

FATHER		MOTHER	
FULL NAME	John Robert Pool	FULL MAIDEN NAME	Alvine Roth
RESIDENCE	Oak & Boyer	RESIDENCE	Oak & Boyer
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Digby Nova Scotia	BIRTHPLACE	Tomah Wisc.
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

(Signature) Floyd G. Wendle M.D.

Sandpoint Ida

(Physician or midwife)

Address Sandpoint Idaho

Filed Jan 7 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-228-009-693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 78 File No. 74829

No. ____ St. Primary Registration District No. 2155 Registered No. ____

Hospital ____ Bonner

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Dec 28 1919

FATHER

FULL NAME Ira A. Bonner

RESIDENCE 321 S. Euclid

COLOR W. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Reardan Wash.

OCCUPATION Inspector R. Ry.

MOTHER

FULL MAIDEN NAME Grace M. Ruley

RESIDENCE 321 S Euclid

COLOR W. AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Davenport Wash

OCCUPATION Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2-11-A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G Wendle M.D.

Sandpoint, Ida.

(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report. ____ 19____

Filed Jan 7 1920

FLOYD G. WENDLE
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 31 1973

795-124
009-652

PLACE OF [redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bo[redacted]

City of Sandpoint

No. 1100 Block Superior St.

Registration District No. 78 File No. 74830

Primary Registration District No. 2155 Registered No.

Hospital

FULL NAME OF CHILD Hubbard Overton Prevette Prevette

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec 24 1919

FATHER		MOTHER	
FULL NAME	R. G. Prevette Prevette	FULL MAIDEN NAME	Mary A. Webb
RESIDENCE	313 S Marion St	RESIDENCE	313 S. Marion St
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	San Antonio Texas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3-30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G Wendle M.D.
Sandpoint
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 7 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified copy issued October 24, 1940, E.W.

967-210-009-625

Amended 3/5/79

Form V. S. No. 11-G—2km-8-5-17

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boise

City of Sand Point

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 — File No. 74832

Primary Registration District No. 2153 — Registered No. .....

FULL NAME OF CHILD: Betty Jean Rognaas

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	Yes	Dec. 10 1919

FATHER

FULL NAME: John Rognaas
RESIDENCE: Sand Point
COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Norway
OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Inez E. Fields
RESIDENCE: Sand Point
COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Michigan
OCCUPATION: Mgr

Number of child of this mother, including present birth: 3 — Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:35 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Rudesill

Sand Point Idaho
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 7 1920

FLOYD G. WENDLE
Registrar

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 21 11 15 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74832

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rognan (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 10, 1919 (Date of Event)
in Sandpoint, Idaho (Bonner) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Betty J. Rognan (Jean)

Subscribed and sworn to before me this 1st day of August, 19 78

Notary Public, residing at Coeur d'Alene, Id
My commission expires 11/15/78
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August, 19 78

Agnes M. Harger
Notary Public, residing at Coeur d'Alene Id
My commission expires 11/15/78
(Seal)

Signed Evelyn R Neuschmidt
(Signature of Any Credible Person)

310 Forest Drive - Cda. Ida
(Street Address, City, State)

FORM DH 60-155

CL 7/11/78 nm

Marriage license from Idaho gives name as Betty Rognan and the groom's name as Wayne Clinton Funk. dated Aug 2, 1938. viewed by V. S.

MAR 5 1979

Diploma from Sandpoint High school, Sandpoint, Idaho gives name as Betty Jean Rognan dated May 21, 1937. viewed by V. S.

666-216-009-712

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonners

City of Kootenai

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 74833

Primary Registration District No. 215 Registered No. .....

FULL NAME OF CHILD Lorraine Woolrich

Sex of Child Female | Twin Triplet or other? 1 | and Number in order of birth | Legitimate? Yes | Date of Birth Dec. 16 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Robert Ambrose Woolrich	FULL MAIDEN NAME Florence Gosford
RESIDENCE Kootenai Idaho	RESIDENCE Kootenai Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE England	BIRTHPLACE Wyoming
OCCUPATION Lumber mill Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:02 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Page M.D.

Sand Point Idaho (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 7 1920 FLOYD G. WENDLE Registrar

APR 27 1942

493-113-009-665

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sand Point Registration District No. 78 File No. 74834

No. ..... St.

Hospital City Primary Registration District No. 2171 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1			Yes	Dec. 15 1919

FATHER		MOTHER	
FULL NAME	Peter Miller	FULL MAIDEN NAME	Marie LaFond
RESIDENCE	Clearwater, Montana	RESIDENCE	Clearwater, Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	63 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Minnesota
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Tager M.D.
(Physician or midwife)

Address Sand Point Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 7 1920 FLOYD G. WENDLE Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-22-009-755

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Hope, Ida. Registration District No. 78 File No. 74835

No. ____ St.

Primary Registration District No. 2122 Registered No. ____

Hospital ____

FULL NAME OF CHILD Hazel Catherine Twininga

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Aug 31 1919

FATHER		MOTHER	
FULL NAME	Chas W. Twininga	FULL MAIDEN NAME	Viola Hue
RESIDENCE	Hope, Ida.	RESIDENCE	Hope, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Houston Co, Minn.	BIRTHPLACE	Cass Co. N.D.
OCCUPATION	Millwright	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ~~I attended the birth of~~ this child, who was Born Alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) Chas W Twininga
Father.
(Physician or midwife)

Address Hope, Ida.

Filed Dec-23 1919 FLOYD G. WENDLE
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-103
009-296

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sand Point

Registration District No. 78

File No. 74836

No. ..... St.

Primary Registration District No. 2155

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dwight Adrian Crowell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Randolph Jas ~~Dwight Adrian~~ Crowell	FULL MAIDEN NAME	Jannie Brooks
RESIDENCE	Sand Point, Idaho	RESIDENCE	Sand Point
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1459 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Payne M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Sand Point, Idaho

Filed Jan 7 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7 4836
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City near Sand-point
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City near Sandpoint
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Dwight Adrian Crowell

5. Date of Birth of Child (Month, day, year) Dec 3, 1919

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Randolph Foss Crowell
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Allen (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Brooks
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Bluff City (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that O. F. Page, M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Brooks Crowell Signature
Route 1, Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of May, 19 42.
(SEAL) Glenn Bamberger Notary Public, residing at Sandpoint, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar.
MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-123-009-612

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74837

County of Bonner

City of Sand Point Registration District No. 78 File No.

No. R1 St.

Hospital Home Primary Registration District No. 2122 Registered No.

FULL NAME OF CHILD Emmett Earnst Oak

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Oct 23 (Month) Tuesday (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Olaus A. Oak	FULL MAIDEN NAME Anna B. Oak
RESIDENCE Sand Point R1	RESIDENCE Sandpoint Idaho
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Costa Colorado	BIRTHPLACE Lundale Minn
OCCUPATION Farmer & Miner	OCCUPATION Farmer

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Estelle Oak

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Jan 7 1920 FLOYD G. WENDLE

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-127-009-458

PLACE OF BIRTH

Form V S. No. 11-C--25m 21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St.

Hospital .....

Registration District No. 78 File No. 74838

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD DALE WAYNE BACON

Sex of Male Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Dec (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy Bacon	FULL MAIDEN NAME	Violet Doherty
RESIDENCE	Kootenai, Idaho.	RESIDENCE	Kootenai.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Canada
OCCUPATION	Mill laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Page M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Sandpoint, Idaho.

Filed Jan 7 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO DEC 24 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~Idaho~~ WASHINGTON ss. Certificate No. 74838

County of ~~Benewah~~ COWLITZ Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Dale Wayne Bacon (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on Dec. 27, 1919 (DATE OF EVENT)

in Potlatch, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dale Wayne Bacon

Subscribed and sworn to before me this 19th day of December, 1942.

Notary Public, residing at Longview

My commission expires 10-19-46

(SEAL)

Signed Ray L Bacon

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

264-26th Ave, Longview, Wash

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 9 1968

MAR 19 1948

DEC 23 1942

612-104-042-794

Form V. S. No. 11-C—25m-9-19

PLACE OF BIRTH

County of Twin Falls

City of Hull

No. ..... St.

Hospital .....

STATE BUREAU ... CS

CERTIFI...

Registration District No. 39

Primary Registration District No. 2087

File No. 74842

Registered No. .....

FULL NAME OF CHILD Eldon Clark Wesdown

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Nov 1 1919

FATHER		MOTHER	
FULL NAME	Cyrus J. Wesdown	FULL MAIDEN NAME	Clara M. Greenwood
RESIDENCE	4 miles West 1½ north of Hull	RESIDENCE	Same.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) George E. Randall

..... (Physician or midwife)

Address Hull - Ida

Filed ..... 19.....

JAN - 1 1920

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-206-042-693

PLACE OF BIRTH

Form V. S. No. 11-G—2Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida

Registration District No. 39

File No. 74843

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Alice M. Baxter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	12 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ernest R. Baxter	FULL MAIDEN NAME	Faith Wilson
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Fred Clusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

..... Registrar

Filed JAN -1 1920 19.....

J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 8 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74843

Date Filed .....

RECEIVED

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Baxter (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 6, 1919 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Alice May Baxter

Subscribed and sworn to before me this 31 day of March 1971

Helen Baxter Fried

Notary Public, residing at Twin Falls

My commission expires March 1, 1974

(Seal)

Signed Alice May Baxter-Pinkham

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of November 1973

[illegible]

Notary Public, residing at Buhl, Idaho

My commission expires Nov 20, 1974

(Seal)

Signed James D. Wilson

(Signature of Any Credible Person)

Buhl, Idaho

(Street Address, City, State)

FORM DH 60-155

CL 11/27/72 lcc & lbc pd. rec. #6107

MAY 4 1977

Insurance application to the Prudential Co. of America gives name as Alice M. Pinkston. born Dec 6, 1919. dated Apr 29, 1961 viewed by V. S.

letter from Buhl Public Schools, Buhl, Idaho gives name as Alice Baxter born Dec 6, 1919 at Buhl, Idaho. father' listed as Ernest Baxter. record dated OCt 13, 1926. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 213-107-042-247

Form V. S. No. 11-C-20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida.

Registration District No. 39

File No. 74845

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	12 7 1919

FATHER		MOTHER	
FULL NAME	Tom Kato	FULL MAIDEN NAME	Takao Sugito
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	yellow AGE AT LAST BIRTHDAY 37 (Years)	COLOR	yellow AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed JAN 1 1920 J. H. Murphy

Registrar

Registrar

312-214-042-465

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida

Registration District No. 39

File No. 74846

No. ..... St.

Primary Registration District No. 2187

Registered No. .....

Hospital .....

FULL NAME OF CHILD Sadako Takeda

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	and		Yes.	12 14 19

FATHER		MOTHER	
FULL NAME	Yoshita Takeda	FULL MAIDEN NAME	Chieko Moriwaki
RESIDENCE	Buhl, Ida,	RESIDENCE	Buhl Ida
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan.	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 . Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 4:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. J. McClusky

..... (Physician or midwife)

Address Buhl Ida

Filed JAN - 1 1920

J. D. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1919-135075

YEAR: 1919

FILE # 74847

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1919-74847 A & B TWINS

718-214-042-45-6

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 74847A

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD VELMA GAY

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Females	twins and	Five	Yes	Dec. (Month) 14 (Day) 1919 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Robt. Jas. Gay	Clara DeWese
RESIDENCE	Buhl	Buhl
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	33
BIRTHPLACE	London England	Oclahoma
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida.

..... 19....

Filed JAN - 1 1920 19.... J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

0- Added "A" to cert # & L.O. 1-10-12 DR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding

Certificate No. 74847
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Velma Gay (Name on original certificate) who Born (Was born or died) on December 14-1919 (Date of event) in Buhl (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Birth Certificate (Bible record, insurance policy, etc.) prepared on Dec 14-1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name Velma	~~Unnamed~~ Gay	Velma Gay

Subscribed and sworn to before me this 13 day of October, 1941.
G. F. McReynolds
Notary Public, residing at Hagerman Ida.
My commission expires Jan 24, 1944
[SEAL]

Signed Robert Gay "Father"
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Hagerman Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

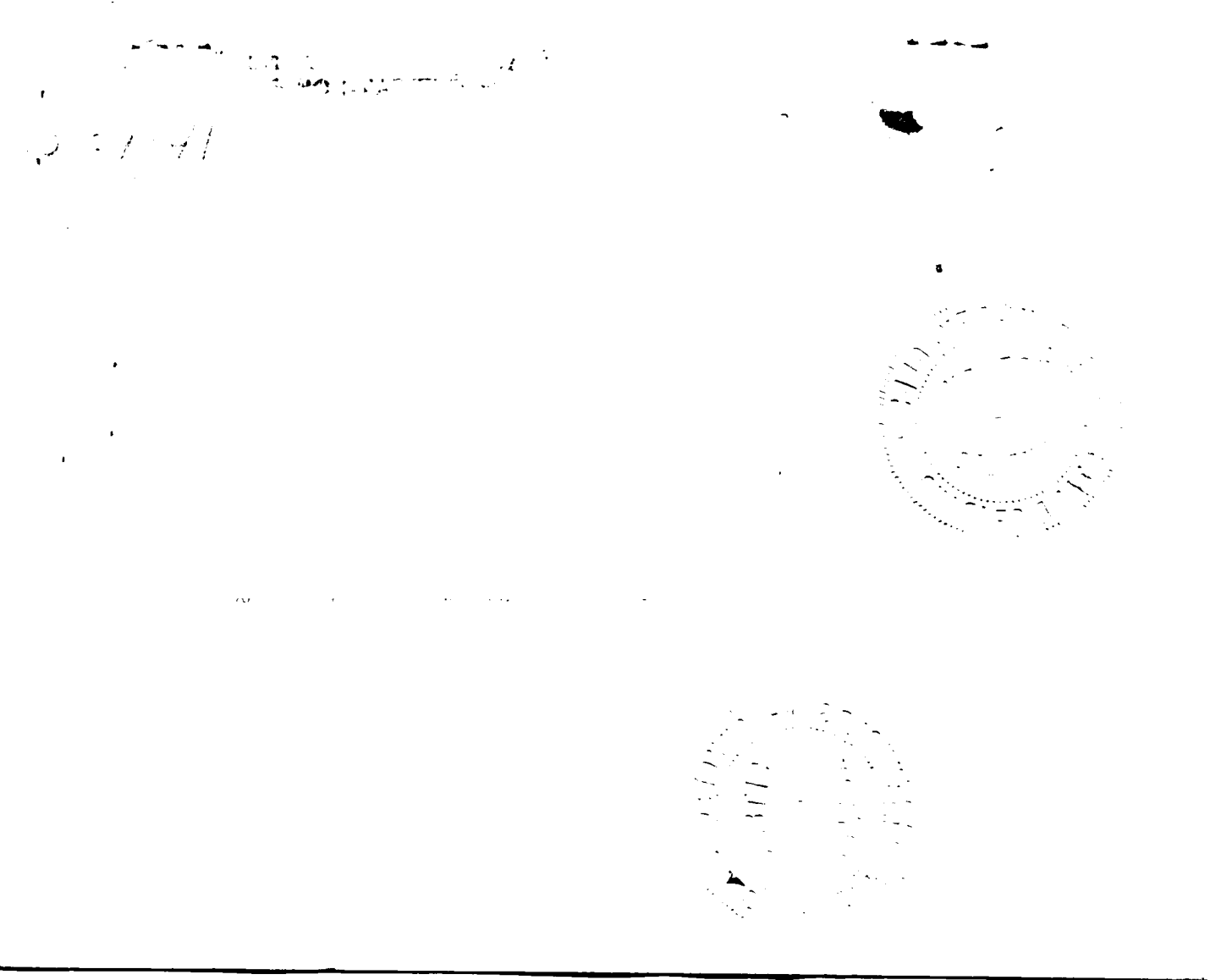
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of October, 1941.
G. F. McReynolds
Notary Public, residing at Hagerman Ida
My commission expires Jan 24 1944
[SEAL]

Signed Forest Bowers
(Signature of any credible person other than the previous affiant.)
Twin Falls
(Street Address, City, State)

Received for filing on ..... By ..... (Registrar's signature)

15



718-214-042-456

Rec'd Jan 1, 1920
name added 4-24-86 dl

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74847B
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Thelma b. (Middle): c. (Last): Gay

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN X TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st X 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec 14, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Robert b. (Middle): J. c. (Last): Gay

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): London, England

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Clara b. (Middle): c. (Last): DeWese

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Oklahoma

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Robert Gay

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: James Monroe, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Buhl, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan 1, 1920

22. REGISTRAR'S SIGNATURE: J.H. Murphy

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

SION OF VITAL STATISTICS, BOISE, IDAHO.

4-4-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

APR 23 1986

Certificate No. 74847B
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Gay (Name on Original Certificate), st Born who was born (Was Born, Died, etc.) on Dec 14, 1919 (Date of Event) in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Thelma Gay

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 1986

Notary Public, Sharon Lucille Clark
Residing at Hagerman
My commission expires 9-15-88
(Seal)

Jean E. Glauner
Supporting Signature

PO Box 235 Hagerman Id 83332
Street Address, City, State

1 bc pd
+ 1c

Birth Certificate for Carol Ann Martin born July 29, 1949 in Twin Falls to Ralph Willis Martin and Thelma Gay. Viewed by V.S.

U.S. Census for Jan 1, 1920 lists Thelma Gay daughter of Robert and Clara Gay. age less than one month. Viewed by V.S.

she stated in letter she was first born

APR 1986

292-216-042-443

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida.

Registration District No. 39

File No. 74848

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mabel Marie Bissonnette

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	12 16 1919

FATHER		MOTHER	
FULL NAME	E. F. Bissonnette	FULL MAIDEN NAME	Margaret Mullens
RESIDENCE	Buhl Ida	RESIDENCE	Buhl. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Charles City, Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nina Clusky

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

.....19.....

Filed JAN 1 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-220-042-523

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 74849

Primary Registration District No. 2087

Registered No. ____

FULL NAME OF CHILD ____

Sex of Child: Female

Twin, Triplet or other? ____ and Number in order of birth ____
(To be answered only in event of plural births)

Legitimate? yes.

Date of Birth: Dec. (Month) 20 (Day) 1919 (Year)

FATHER

FULL NAME: Roy Tait

RESIDENCE: Buhl Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Carpenter

MOTHER

FULL MAIDEN NAME: Hazel Estes

RESIDENCE: Buhl Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Nevada

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. December 20 - 1919 at 5 00 A. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Irmen. MD

Physician.
(Physician or midwife)

Address Box 866 Buhl Idaho.

Given names added from a supplemental report.

....., 19.....

..... Registrar

Filed JAN - 1 1920

J. H. Murphy
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 8 1975

619-122-042-389

PLACE OF BIRTH Name added 2-8-85 dl

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 74850

Registered No. .....

FULL NAME OF CHILD Vernon Elroy Fairchild

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ether Fairchild	FULL MAIDEN NAME	Lauvisia Enriswell
RESIDENCE	Buhl	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Shoshone, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Goodsheed M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Buhl, Idaho

Filed JAN - 1 1920 19.....

J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-10-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS FEB 6 3 34 PM '85

State of _____ } ss.
County of _____ }

Certificate No. 74850
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Fairchild (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 22, 1919 (Date of Event)
in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Vernon Elroy Fairchild

Subscribed and sworn to before me this 31 day of Jan 1985
Notary Public, Ted R Nelson
Residing at Buhl Idaho
My commission expires Jan 29, 1986
(Seal)

Vernon Elroy Fairchild
Signature of Applicant
RT 3 Box 134 Buhl, Idaho 83316
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho } ss.
County of Twin Falls }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of Jan 1985.
Notary Public, Ted R Nelson
Residing at Buhl Idaho
My commission expires Jan 29, 1986
(Seal)

Orel Fairchild
Supporting Signature
RT 3 Buhl Id 83316
Street Address, City, State

2 cc pd

Certificate of Baptism from LDS Church gives Vernon Elroy Fairchild son of Ether Fairchild and Bessie Chriswell born Dec 22, 1919 in Buhl was baptised Feb 15, 1964. Viewed by V.S.

FEB 8 1965

Honorable Discharge from U.S. Army lists Vernon E. Fairchild was discharged Dec 7, 1945. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-223-042-792

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

File No. 74851

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Reva Stark

Sex of Child Fem

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac Walter Stark	FULL MAIDEN NAME	Dora Gibbons
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida
COLOR	Wht	COLOR	Wht.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Peyson, Utah	BIRTHPLACE	Wayne Co. Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl, Ida.

Filed JAN - 1 1920 19....

J. H. Murphy
Registrar

Registrar

MAY 3 1971

253-623-642-645

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-6-5-17

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 74852

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD .... Wallace J. Nelson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec. 23rd 1919

FATHER		MOTHER	
FULL NAME	Ivan B. Nelson	FULL MAIDEN NAME	Juanita Runkle
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Limerille Mo.	BIRTHPLACE	Colo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 6 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed JAN - 1 1920

J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

242-124-042-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl Ida.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 74853

Primary Registration District No. 2087. Registered No. .....

FULL NAME OF CHILD PHIL REED BUSMANN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	12 24 1919

FATHER

FULL NAME Chas Busmann

RESIDENCE Buhl Ida.

COLOR White

AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Cincinnatti, Ohio

OCCUPATION Farming

MOTHER,

FULL MAIDEN NAME Helen Morrison Young

RESIDENCE Buhl Ida.

COLOR White

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Mina, Wis.

OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. H. McClusky

..... (Physician or midwife)

Address Buhl Ida

Filed JAN 1 1920

J. T. Murphy Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 74853
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Phil Reed Busmann (Birth or death)

for ..... (Name on original certificate) who was born (Was born or died) on ..... (Date of event)

in Buhl Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on Dec 24 - 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	no name given	Phil Reed Busmann

Subscribed and sworn to before me this 16 day of Dec, 1941

W. Hubbard
Notary Public, residing at Buhl Ida.
My commission expires July 30 - 1944
[SEAL]

Signed C. L. Busmann
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R 4 Buhl Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Twin Falls }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of Dec, 1941

W. Hubbard
Notary Public, residing at Buhl Ida.
My commission expires July 30 - 1944
[SEAL]

Signed Stanley A. Webber
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

819-127-042-435

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida. Registration District No. 39 File No. 74854

No. ..... St. Primary Registration District No. 2087 Registered No. .....

Hospital ..... Darvel

FULL NAME OF CHILD Darvel Eugene Harral

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	12 27 1919

FATHER		MOTHER	
FULL NAME	Ivan Harral	FULL MAIDEN NAME	Jennie McEchern
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed JAN 1 1920 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1943

SEP 9 1943

699-229-042-755

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida

Registration District No. 39

File No. 74855

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Joan Phoebe Orr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	12 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	S. C. Orr.	FULL MAIDEN NAME	Margaret Peebles
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida.
COLOR	white. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	white AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Kent, Pa.	BIRTHPLACE	Glasgow, Scotland
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Clusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed JAN -1 1920 J. H. Murphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 74855

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Joan Phoebe Orr (Birth or Death) for (Name on Original Certificate) who was born (Was Born or Died) on Dec. 29 1919 (Date of Event) in Buhl Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by certificate of birth (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Joan Phoebe Orr

Subscribed and sworn to before me this 18th day of May, 1942

A. J. Lamm

Notary Public, residing at Notary Public Residing at Buhl, Idaho

My commission expires My commission expires November 5th, 1945 (Seal)

Signed S. B. Orr, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal) MAY 19 1942

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY [illegible] 1942

284-120-042-281

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 74856

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 20 1919

FATHER		MOTHER	
FULL NAME	Wm Henry Shackelford	FULL MAIDEN NAME	Ruby Day Shackelford
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Goodspeed M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed JAN - 1 1920

J. T. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-230-042-343

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-17

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 74857

Primary Registration District No. 2187

Registered No. .....

FULL NAME OF CHILD [redacted] MARJORIE LORENE Fairall

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	Dec. 30 1919

FATHER

FULL NAME Sam'l Fairall

RESIDENCE Buhl, Ida.

COLOR Wht AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE White Cloud-Kans.

OCCUPATION Produce Buyer

MOTHER

FULL MAIDEN NAME Della Tetwiler

RESIDENCE Buhl, Ida.

COLOR Wht AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Braxton, Kans.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Address Buhl, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed JAN 1 1920

G. T. Murphy Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 74857

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Laura Fairall	Marjorie Lorene Fairall

Subscribed and sworn to before me this 17th day of Jan 1942

E. V. Gunk

Notary Public, residing at Buhl, Idaho

My commission expires COMMISSION EXPIRES MARCH 15, 1945

(SEAL)

Signed Sam Fairall (Father)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 2[illegible]

FEB 27 1973

493-202-042-866

PLACE OF BIRTH

Form V. [illegible] 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida

Registration District No. 39

File No. 74858

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Verna Eleanor Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	12 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	H. C. Miller	FULL MAIDEN NAME	Margaret Hoover
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

JAN - 1 1920 19.....

J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No 74858

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Miller (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Dec. 2, 1919 (DATE OF EVENT)
in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parent (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Verna Eleanor Miller

Subscribed and sworn to before me this 4th day of Aug., 19 42.

Notary Public, residing at Boise, Ida.

My commission expires My Commission Expires May 15, 1944. (SEAL)

Signed Margaret A. Miller

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

413 - N. 13th St. Boise Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires (SEAL)

Signed (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By (REGISTRAR'S SIGNATURE)

AUG 8 1942

519-210-024-415

[redacted]

S. No. 11—25m-1-1-18

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 22 File No. 74860

Primary Registration District No. 2018 Registered No. .....

FULL NAME OF CHILD Mary Varner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 10 1918

FATHER		MOTHER	
FULL NAME	Elmer Varner	FULL MAIDEN NAME	Cora Maria Dawes
RESIDENCE	Wendell, Ida.	RESIDENCE	Wendell, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.45a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Simonton

Physician (Physician or midwife)

Address Wendell, Idaho

Given names added from a supplemental report.

..... 19.....

Filed Sep 25 1918 E L Simonton Registrar

..... Registrar

S-Y CO. 24656

[redacted]

DUP OF 1917-88498

HOLD
FILED 1918

399-218-024-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Wendell

City of Wendell

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 22

Primary Registration District No. 2018

File No. 74862

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Criswell	FULL MAIDEN NAME	Minnie Rose
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Goodspeed M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl, Idaho

Filed Dec 1 1919 E. L. Simonton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

241-121-024-1399

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22

File No. 74864

No. _____ St.

Primary Registration District No. 2018

Registered No. _____

Hospital Richard

Full Name of Child Maurice ~~Richard~~ Small

SEX OF CHILD Male	Twin Triplet or other? ✓ and Number in order of birth 4th (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Sep 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Walter Small	FULL MAIDEN NAME	Ruby E. Criswell
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician (Physician or midwife)

Given names added from a supplemental report.

Jan 10 1920

E L Simonton
Registrar

Address Wendell Ida

Filed Oct 24 1919 E L Simonton
Registrar

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 547-115-092-695

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St.

Registration District No. .....

File No. 74865

Primary Registration District No. .....

Registered No. 16

Hospital .....

FULL NAME OF CHILD Ralph Lorraine Edgington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 15 1919

FATHER		MOTHER	
FULL NAME	Ralph Leo Edgington	FULL MAIDEN NAME	Elizabeth M French
RESIDENCE	Richfield Ida	RESIDENCE	Richfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Quincy Ill	BIRTHPLACE	North Yakima Wash
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 4 a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O V Bloom M D (Physician or midwife)

Address Richfield Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 10 1920

P E Bartlett Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 993-123-032-293

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

No. 2 Miles West St.

Hospital

Registration District No. 17

File No. 1 74866

Primary Registration District No. 2200

Registered No. 17

FULL NAME OF CHILD Lenord Albert Richardson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Richardson	FULL MAIDEN NAME	Margaret Jane Bellinger
RESIDENCE	Richfield 2 mi W.	RESIDENCE	Richfield 2 mi W
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Hailey Ida	BIRTHPLACE	Bellevue Ida
OCCUPATION	Stockraiser	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D. (Physician or midwife)

Given names added from a supplemental report.

Address Richfield Idaho

19

Registrar

Filed Jan 10 1920 P. E. Bartlett

Registrar

APR 20 1942

MAR 1 1942

165-226-019-185

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Stanley

No. ..... St.

Hospital .....

Registration District No. 108 File No. 74867

Primary Registration District No. 2186 Registered No. .....

FULL NAME OF CHILD Mary May Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Oct. (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ora Jones	FULL MAIDEN NAME	Clara Lena Ahnert
RESIDENCE	Stanley, Ida.	RESIDENCE	Stanley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32. (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Albion Idaho.	BIRTHPLACE	Paterson New Jersey
OCCUPATION	Mining	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Merry Paul

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12/15 1919

C. L. Kirtley
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1967

515-204-019-652

PLACE OF BIRTH

County of Custer

City of Challis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-6-8-17

Registration District No. 108 File No. 74868

Primary Registration District No. 2186 Registered No. .....

FULL NAME OF CHILD Esther Van Camp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Dec. 4 1919

FATHER	MOTHER
FULL NAME: Stanton Merritt Van Camp	FULL MAIDEN NAME: Lona Webb
RESIDENCE: Challis, Ida.	RESIDENCE: Challis, Ida.
COLOR: Wh.	COLOR: Wh.
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Ida.	BIRTHPLACE: Kansas
OCCUPATION: Laborer	OCCUPATION: H-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Turkey M.D.

Challis, Ida. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan. 6th. 1920 C. F. Turkey Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-227-019-653

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis Registration District No. 108 File No. 74869

No. ..... St.

Primary Registration District No. 2186 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gladys Bradberry.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes.	Dec. 27 1919.

FATHER	MOTHER
FULL NAME Frank Bradberry	FULL MAIDEN NAME Millie May Wilkenson
RESIDENCE Challis, Ida.	RESIDENCE Challis, Ida.
COLOR Wh. AGE AT LAST BIRTHDAY 30 (Years)	COLOR Wh. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ida.	BIRTHPLACE Ida.
OCCUPATION Farmer	OCCUPATION H - wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

(Signature) L. L. Kirtley M.D.

(Physician or midwife)

Address Challis, Ida.

Filed 1/16 1920 C. L. Kirtley Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

966-109-019-799

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

Registration District No. 108

File No. 74870

No. ..... St.

Primary Registration District No. 2186

Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Gridley Rowles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	Dec. 9/20 19

FATHER	MOTHER
FULL NAME: Donald Rowles	FULL MAIDEN NAME: Florence Gridley
RESIDENCE: Challis, Ida.	RESIDENCE: Challis, Ida.
COLOR: Wh. AGE AT LAST BIRTHDAY: 34 (Years)	COLOR: Wh. AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Ida.	BIRTHPLACE: Pa.
OCCUPATION: Carpenter	OCCUPATION: H- Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:20 A. M. on the date above stated.

(Signature) C. L. Hurley MD

(Physician or midwife)

Address Challis, Ida.

Filed 12/20 19

C. L. Hurley
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 31 1942

c.c. 5/29/41. w.h.

619-205-019-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Custer

City of Goldburg

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

74871

Registration District No. 76 File No. ~~[illegible]~~ 7

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Wanda Mae Wornek

Sex of Child Female	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth Jan. (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Earnest Warnek	FULL MAIDEN NAME	Nellie Howard
RESIDENCE	Goldburg	RESIDENCE	Goldburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Nevada	BIRTHPLACE	Colorado
OCCUPATION	U.S. Exp. forces in France	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O Gilman

MD (Physician or Midwife)

Given names added from a supplemental report

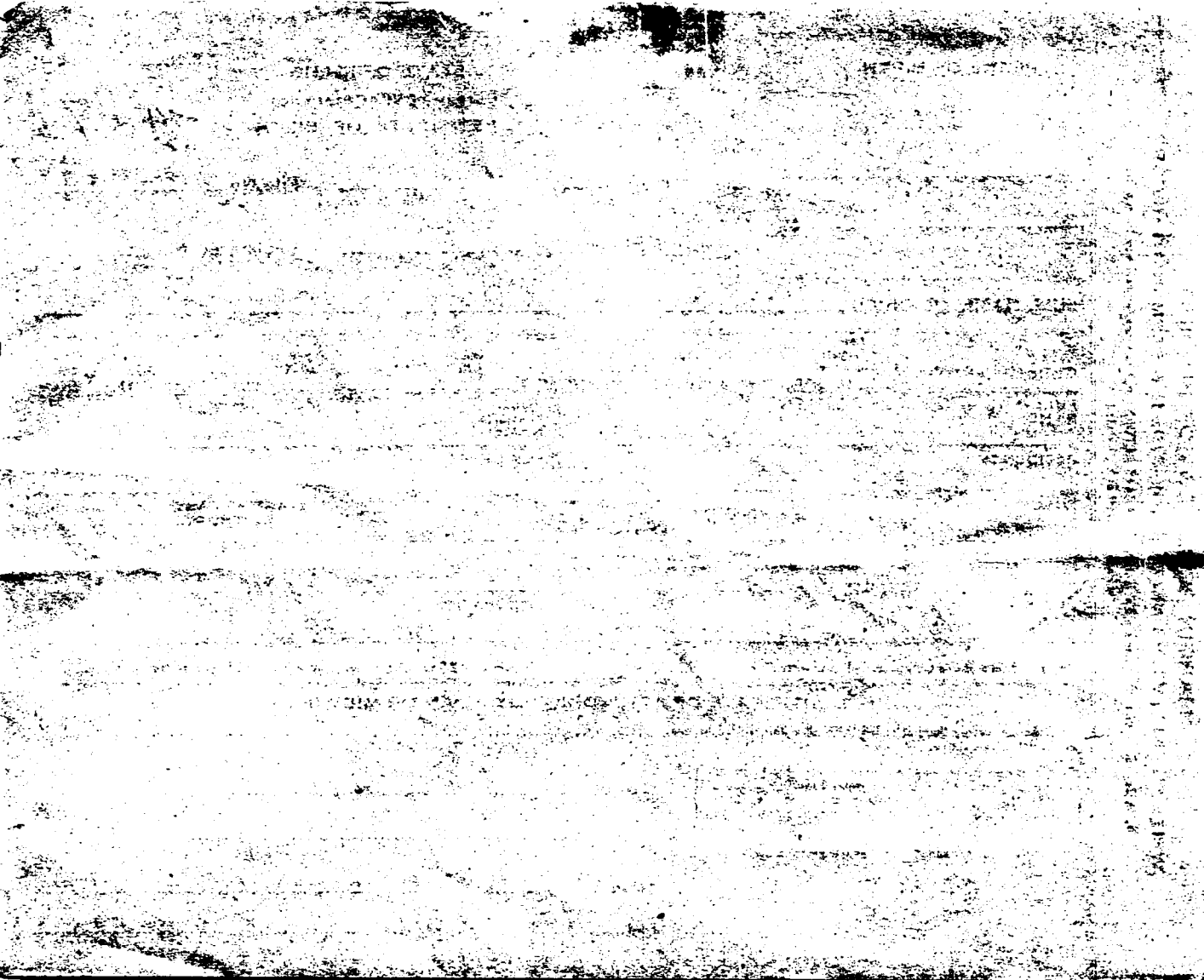
..... , 19.....

Address May, Idaho

Filed 1/3 1921 Rose Nowacki Registrar

..... Registrar

S-Y CO., 18670



995-214
019-113

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

14873

County of Custer

City of Goldburg

Registration District No. 76

File No. ~~74873~~

No. ....., ... St.

Primary Registration District No. 2153

Registered No. .....

Hospital .....

FULL NAME OF CHILD Gale Ziegler

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Jan. 14, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Ziegler	FULL MAIDEN NAME	Martha Jackman
RESIDENCE	Goldburg	RESIDENCE	Goldburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Gilman

M.D.
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address May Idaho

Filed 1/3 1921 Ron Nowacki
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

295-110-019-864

[redacted] 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Custer

City of Goldsburg Registration District No. 76 File No. 74874

No. ____, ____ St. Primary Registration District No. 2153 Registered No. ____

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FULL NAME OF CHILD John David Biethan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 10, 1919

FATHER		MOTHER	
FULL NAME	H. Biethan	FULL MAIDEN NAME	Afton Young
RESIDENCE	Goldsburg	RESIDENCE	Goldsburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:00 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Gibson M.D.

(Physician or Midwife)

Address May Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/3 1921 Rose Nowacki

Registrar

S-Y CO., 16670

[redacted]

JUL 3 1 1970

1-47-14-11

415-111-018-699

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

Registration District No. 91

File No. 74876

No. ..... St.

Primary Registration District No. 2168

Registered No. .....

Hospital Western H.A.

FULL NAME OF CHILD Williams John Davis

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural birth)	1st	yes	Dec 11 1919

FATHER		MOTHER	
FULL NAME	William Loyd Davis	FULL MAIDEN NAME	Alvina Ortez
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Montana
OCCUPATION	Farmer & Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. McCormack

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Ira M. VanDusen Registrar

Filed Jan 12 1920 Ira M. VanDusen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-114-018-453 [redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

Registration District No. 91

File No. 74877

No. ..... St.

Primary Registration District No. 2168

Registered No. .....

Hospital Northwestern H A

FULL NAME OF CHILD Leon Harvey Carmen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	1st	yes	Dec 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey V. Carmen	FULL MAIDEN NAME	Alene Leonine Delarge
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	France
OCCUPATION	Farmer & Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Elk River Idaho.

Filed Jan 12 1920 Ira M. Van Inwegen Registrar

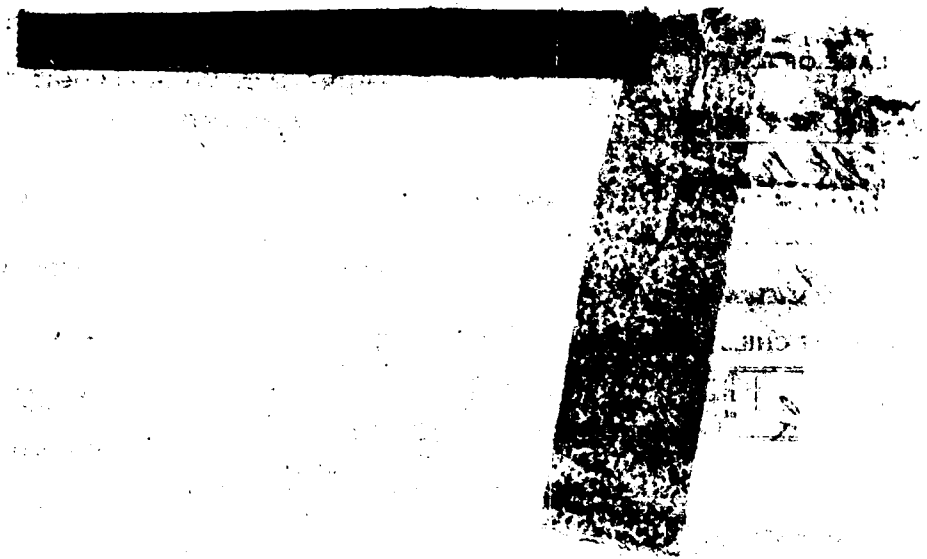
Ira M. Van Inwegen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



819-230-
006-795-

PLACE [redacted]

Form V. S. No. 11-C—25m-9-8-17

[redacted]E OF IDAHO
[redacted]VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Dr Simmons

Registration District No. 121 File No. 74878

Primary Registration District No. 1007 Registered No. 347

FULL NAME OF CHILD Donna Mae Harrington

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		1st	Yes	Dec 30 — 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Russel Harrington	FULL MAIDEN NAME	Berretta Green
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Clerk in Drug Store	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Jan 12 1920 [illegible] Patric

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1942

STATE
DEPARTMENT

[redacted]

418-129-00074869

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74879

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital D. Y. Summons

Registration District No. 121 File No. .....

Primary Registration District No. 1007 Registered No. 346

FULL NAME OF CHILD Phoebe Jane Dahlstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	2 nd	Yes	Dec 29 — 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey Earl Dahlstrom	Dorothy May Hart
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Shoshone, Idaho	Iowa
OCCUPATION	Barber —	Housewife —

Number of child of this mother, including present birth two. Number of children of this mother now living, including present birth two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 40 p. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Y. Summons

M.D. (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 12 1920 Mrs Nellie E. Pat... Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

. . . RESERVED FOR BINDING . . . LAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

695-221-006-238

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 74880

Frances Hosp

Primary Registration District No. 1007 Registered No. 345

Hospital

FULL NAME OF CHILD Tilda June Finne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Johnson Finne	FULL MAIDEN NAME	Barbara Marie Cherpel
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	~~Sweden~~ Finland	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Simmons

MD (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed Jan 12 1920 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 24, 1940. E.W.

317-117-006-255

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Bridge St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74881

Primary Registration District No. 2194 Registered No. 344

FULL NAME OF CHILD George Cope

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec 17 1917

FATHER		MOTHER	
FULL NAME	Ray Cope	FULL MAIDEN NAME	Pearl Seely
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th. Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N J Simmons MD

(Physician or midwife)

Address Blackfoot - Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed June 2 19 25

Registrar

816-106-006-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Rose — St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74882

Primary Registration District No. 2194 Registered No. 343

FULL NAME OF CHILD Esra Thompson Hawkinson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	6th	Yes	Dec 6 — 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Esra Hawkinson	FULL MAIDEN NAME	Mildred Jensen —
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot —
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive — (Born alive or stillborn), at 2 9 — M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons —

MD — (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho —

19

Registrar

Filed June 12 1920 Mrs Phillis E. Petrie Registrar

699-202-004-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Riverside St.

Registration District No. 121 File No. 74883

Primary Registration District No. 2194 Registered No. 342

Hospital

FULL NAME OF CHILD Mary Jane Knight

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	1st	Yes	June — 191.9

FATHER		MOTHER	
FULL NAME	Artie Knight	FULL MAIDEN NAME	Lillian Knight
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D. (Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 12 19 20 Mrs. Julia E. Petree Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-131-006-285

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74884

Primary Registration District No. 2194 Registered No. 341

FULL NAME OF CHILD Fred Norman Taylor

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George N. Taylor	FULL MAIDEN NAME	Lula Shepherd
RESIDENCE	Springfield, Ida	RESIDENCE	Springfield, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Ida

Filed Jan 11 1920 [illegible] Patrick

Registrar

Registrar

685-228-006-753

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74885

Primary Registration District No. 94 Registered No. 840

FULL NAME OF CHILD Dorthella Wheeler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Brigham R. Wheeler	FULL MAIDEN NAME	Dorothey Lulla Peterson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot, Ida.

Filed Jan 11 1920 Mrs Walter E. Patrick Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-227-006-154

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2194

File No. 74886

Registered No. 339

FULL NAME OF CHILD Flora Salverson

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes.

Date of Birth 12 (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William T. Salverson	FULL MAIDEN NAME	Florence Anderson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida.

Registrar

Filed Jan 1 1920 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

163-22-6-006-557

(Be sure the information is complete and accurate)

State File No. 74887

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 121

Amended 1/10/77

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moreland

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Box 11

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Custer

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mackey

d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)

a. (First): Edith b. (Middle): Victoria c. (Last): Jolley

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Dec (Day) 26, (Year) 1919

FATHER OF CHILD

7. FULL NAME

a. (First): George b. (Middle): B. c. (Last): Jolley

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Printer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Edith b. (Middle): H. c. (Last): England

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. W. Beck

19. ADDRESS: Blackfoot, Ida.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Jan 11, 1920

22. REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

Time: 5:30 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO. Address the date of birth of the child.

10/4/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74887

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eva Victoria Jolley (Name on Original Certificate) who was born (Was Born or Died) on Dec. 26, 1919 (Date of Event)
in Moreland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Eva Victoria Jolley	Edith Jolley
		Edith Victoria Jolley

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of December, 1976.

Notary Public, residing at Idaho Falls, Idaho
My commission expires July 1, 1977
(Seal)

Signed Clara Jolley Lamb
(Signature of any Credible Person)

160 E. 24th Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155 1 yp. Pol. Rec # 19279

Certif of Baptism and Confirmation from the LDS Church gives nameas Edith Victoria Jolley daughter of George B. Jolley and Edith H. England. Born Decm 26, 1919 at Moreland, ID Baptized May 20, 1928. viewed by V. S.

Certif of Baptism from LDS Church ford Victoria Marie Messinger daughter of Harry Mathew Messinger and Edith Victoria, Jolley. born Feb 13, 1942 Idaho Falls, Idahlo Baptizex nov 4, 1950. viewed by V. S.

163-226-006-557

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Moreland, Ida.

No. Bot 11 St.

Registration District No. 121

File No. 74887

Primary Registration District No. 2194

Registered No. 358

Hospital

FULL NAME OF CHILD Eva Victora Jolley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George B. Jolley	FULL MAIDEN NAME	Edith H. Englam
RESIDENCE	Moreland, Ida.	RESIDENCE	Mackey, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Printer	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida.

19

Filed Jan 11 1920 Mrs Nalie E

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1977

Amended 3-25-59

PLACE OF BIRTH

539-224-006-366

County of Bingham

City of Blackfoot

No. RD #1 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74888

Primary Registration District No. 2194 Registered No. 337

FULL NAME OF CHILD Maurine Elison

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 24, 1919

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Marvin W. Elison	FULL MAIDEN NAME: Leone Coolbear
RESIDENCE: Blackfoot	RESIDENCE: Blackfoot
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) W.W. Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Jan. 11, 1920 Mrs. Walter E. Patrie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~L.B.SC~~ L.D.S. Cert. of Baptism & Confirmation, Feb. 5, 1928 gives name as Maurine Elison - viewed by V.S. and Own Child's Birth Cert. on file - #49-01404 gives name as Maurine Elison - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham

Certificate No. 74888

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Elison (Name on Original Certificate) who born (Was Born or Died) on Dec. 24, 1919 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Maurine Elison

Subscribed and sworn to before me this 18 day of February, 1959

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 4 1962
(Seal)

Signed Maurine W. Elison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of February, 1959

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 4 1959
(Seal)

Signed [signature]
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 CL 1-22-59. one copy pd.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 1 St.

Registration District No. 121

File No. 74888

Primary Registration District No. 2194

Registered No. 337

Hospital

FULL NAME OF CHILD Unnamed Elison

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Dec 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marvin W Elison	FULL MAIDEN NAME	Leone Coolbear
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Jan 11 1920 Mrs Viola E Peters

Registrar

Registrar

MAR 26 1959

155-124-006-231

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. #1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 14889

Primary Registration District No. 2194 Registered No. 9

FULL NAME OF CHILD MILLER HARLIN Jensen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes.	12 24 19

FATHER		MOTHER	
FULL NAME	Wm. A. Jensen	FULL MAIDEN NAME	Mary Elizabeth Black
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Farming.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Peak

Physician (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 11. 1920 Mrs Nalin E Patrie Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 74889

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Infant (BIRTH OR DEATH)
for Unnamed Jensen (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 12-24, 1919 (DATE OF EVENT)
in Blackfoot, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by older sister (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Miller Harlin Jensen

Subscribed and sworn to before me this 29th day of January, 19 42

Notary Public, residing at Boise

My commission expires 3/8/42.
(SEAL)

Signed V. E. Jensen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

St Luke Hosp Boise Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 30 1942

JUL 10 19

AUG 25 1953

212-222-006-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74890

Primary Registration District No. 2194 Registered No. 350

FULL NAME OF CHILD Reva Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	12 (Month) 2[illegible] (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Edward Baker	FULL MAIDEN NAME	Dora Lakie Williams
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornd alive (Born alive or stillborn), at 12 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Idaho

Filed June 19 20 [illegible] Patrick

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS 11 39 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 74890

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Baker (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 22, 1919 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Reva Baker

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Dora LaRie W. Baker Bigelow (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

133 East 17th So. Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of February, 19.....

Kenneth L. Dorr

Notary Public, residing at 3137 Dorre St

My commission expires May 28, 1975

(Seal)

Signed Dora LaRie W. Baker Bigelow
(Signature of Any Credible Person)

133 East 17th So., Salt Lake City, Utah
(Street Address, City, State)

FORM DH 60-155 CL 2/12/74

Certif of Birth from the LDS Church gives nameas Reva Baker born Dec 22, 1919 at Thomas, Idaho. father's name as Charles E. Baker and mother's name as LaRie Williams. entered on record Feb. 1, 1920. viewed by V. S. SEP 19 1975

Family record fro Reva Baker. born Oct. 22, 1919 at Thomas, Idaho. Blessed Feb, 1920 Baptized March 31, 1928. viewed by V. S.

753-121-006-869

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74891

Primary Registration District No. 2194 Registered No. 33

FULL NAME OF CHILD Vaughn H. Peterson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	12 21 1919

FATHER

FULL NAME Victor A. Petersen

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Myrtle Horton

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:20 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beeks

Physician

(Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 11 1920

Registrar

NOV 1 3 195

855-221-006-719

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74892

Primary Registration District No. 1007 Registered No. 333

FULL NAME OF CHILD Barbra Marie Heese

Sex of Child female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12 (Month) 21 (Day) 19 (Year)

FATHER	MOTHER
FULL NAME Fred Henry Heese	FULL MAIDEN NAME Edna Parkinson
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Bookkeeper	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. W. Beck

Physician

(Physician or midwife)

Address Blackfoot, Idaho

Filed Jan 11 19 20 Mrs. Nellie E. Tate Registrar

815-120-006-459

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74893

Primary Registration District No. 219 Registered No. 332

FULL NAME OF CHILD Wendell M. Hancock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	12 (Month) 20 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vernon Hancock	FULL MAIDEN NAME	Emma Aquella Merrell
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Jan 11 1920 Mrs Walter E. Patrick

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816 - 120 - 006 - 813

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

Registration District No. 141 File No. 7489

Primary Registration District No. 219 Registered No. 331

FULL NAME OF CHILD Leo Hawks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 20 1919

FATHER		MOTHER	
FULL NAME	Leroy Hawks	FULL MAIDEN NAME	Pearl Halford
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan 2 19 20 Mrs. Nellie E. Walker
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-119-006-464

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD #2 St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74895

Primary Registration District No. 2[illegible] Registered No. 330

FULL NAME OF CHILD Gene M. Bowman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	12 (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John D. Bowman	FULL MAIDEN NAME	Bertha E. Moulton
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot, Ida

Filed Jan 11 1920 Mrs Nellie E. Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1970

JUL 26 1946

415-118-006-863

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74896

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. RD # 1 St.

Primary Registration District No. 2194

Registered No. 329

Hospital

FULL NAME OF CHILD James Bazil Mannaring

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Mannaring	FULL MAIDEN NAME	Teressa Holley
RESIDENCE	Blackfoot	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida

19

Filed Jan 19 20 Mrs Nellie E Peters

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 0 1943

253 - 113 - 006 - 145

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 — File No. 74897

Primary Registration District No. 2194 — Registered No. 328

FULL NAME OF CHILD Joseph Hyrum Van Sears

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	12 — 13 — 19

FATHER		MOTHER	
FULL NAME	Marinus W. Van Sears	FULL MAIDEN NAME	Eva Adelar
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Holland	BIRTHPLACE	Utah
OCCUPATION	Building Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W W Peck

Physician (Physician or midwife)

Address Blackfoot Ida.

Filed ..... 19..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

957-212-006-168

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74898

Primary Registration District No. 2194 Registered No. 327

FULL NAME OF CHILD Utheia Pearl Ingram

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			12 12 1919

FATHER		MOTHER	
FULL NAME	Hyrum Edward Ingram	FULL MAIDEN NAME	Naoma Rosaline John
RESIDENCE	Blackfoot	RESIDENCE	Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

[illegible]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Filed Jan 11 1920 Mrs Nalie E Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1958

539-10-9-006-813

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD# 1 St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74899

Primary Registration District No. 2194 Registered No. 326

FULL NAME OF CHILD ~~Reva~~ REAVA Elison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 9 1919

FATHER		MOTHER	
FULL NAME	Horace A Elison	FULL MAIDEN NAME	Katie Louisa Hale
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Ida

Filed Jan 11th 1920 Mrs Hulie E Peters

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 74899

State of Idaho } ss.
County of Bingham }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Miss Reva Elison (Name on Original Certificate) who born (Was Born or Died) on 12/9/43 (Date of Event)
in Bingham County Groveland, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 6/28/41 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Reva	Reava Elison

Subscribed and sworn to before me this 17th
day of Aug 1943

Leonard Chapman
Notary Public, residing at Blackfoot

My commission expires Apl 6 1946
(Seal)

Signed Mrs. Horace A. Elison.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1 Blackfoot, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of August, 1943

Notary Public, residing at Blackfoot, Idaho

My commission expires Jan. 6, 1944
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

Blackfoot, Idaho
(Street Address, City, State)

AUG 2 1 1943

386-208-006-354

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted] Form C. S. No.

County of Bingham

City of Pingree

Registration District No. ..... File No. 74900

No. ..... St. Name added 3/27/81

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Delva Marion Thompson

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Dec 8 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Ralph Marion Thompson

RESIDENCE Pingree

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Velda Leavett

RESIDENCE Pingree

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician

(Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 11 19 22 [illegible]

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 74900
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Thompson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 8, 1919 (Date of Event)

in Pingree (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Omitted	Delva Marion Thompson

Subscribed and sworn to before me this 16th day of March, 1981

Notary Public, Florence Cartright

Residing at Basin

My commission expires Lifetime

(Seal)

x Rhea Thompson Hollis
Signature of Applicant

312 10th St No Nampa Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

In office 3-16-81

Own child's birth certificate on file with Bureau of Vital Statistics, Boise, Idaho, gives name as Steven Claude Young born to Delva Marion Thompson on September 25, 1940. (in Pingree, Idaho. Gmother) Viewed by V.S.

Obituary for Valeda Thompson in The Teton Valley News dated March 18, 1971 lists Mrs. Delva Young daughter as one of her survivors. Viewed by V.S.

396-107-006-65I

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121

File No. 74901

Primary Registration District No. 1007

Registered No. 324

FULL NAME OF CHILD James Howard Troutner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Dec 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul H. Troutner	FULL MAIDEN NAME	Olive Grace Webster
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kentucky
OCCUPATION	Farming & Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Idaho

..... Registrar

Filed Jan 11 1920 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-131-006-365

PLACE OF BIRTH

Amended 2/20/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-47

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 74902

No. ..... St.

Primary Registration District No. 1007

Registered No. 323

Hospital .....

FULL NAME OF CHILD Henry James Procter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	12 (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry G. Procter	FULL MAIDEN NAME	Marie Love
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	R.R. Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 7 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Ida

Filed Jan 11 1920 Mrs Walter E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942

JAN 21 1943

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
1979 MAR 29 AM 8

State of Washington
County of Spokane } ss.

Certificate No. 74902
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Henery James Proctor (Name on Original Certificate) who was born (Was Born, Died, etc.) on December 31, 1919 (Date of Event)
in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
father's name	Henery G. Proctor	Henery G. Procter
child's name	Henery James Proctor	Henry James Procter

Subscribed and sworn to before me this 16th day of January, 1979.

Notary Public, [illegible]
Residing at Spokane, Washington
My commission expires March 4, 1982
(Seal)

x Henry G. Proctor
Signature of Applicant
1327 W. Courtland
Street Address, City, State
Spokane, Wash. 99205

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✗)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 12/21/78 nm

own daughter's birthcertif on file in California gives nameas [illegible]
Marilyn Marie Procter born Nov 1, 1944 at Oceanside, Calif. father's name
as Henry James Procter and mother's name as Mavie Adair Schuebach. viewed
bt V. S.

FEB 2 0 1979

Honorable discharge from the US. Marrine Corps gives nameas Henry J. Procter
dated [illegible] April 19, 1946. viewed by V. S.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. #7 St.

613-101-006-753

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No. 74903

Registered No. 320

FULL NAME OF CHILD Unnamed Watson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert H. Watson	FULL MAIDEN NAME	Edith M. Peterson
RESIDENCE	Blackfoot #4	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida

19

Filed Jan 7 1920 Mrs Pater E. Patrick

Registrar

Registrar

DECEASED

351-110-006-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

Form V. S. No. 11-O 2-25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74904

Primary Registration District No. 2194 Registered No. .....

FULL NAME OF CHILD Noal Lowe Leavitt

Sex of Child Male | Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Dec 10 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME George R. Leavitt	FULL MAIDEN NAME Lillie Lowe
RESIDENCE Blackfoot	RESIDENCE Moreland
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 7 1920 Mrs. Julia E. Patrick Registrar

245-217-006-442...

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of N. Groveland

Registration District No. 121

File No. 74905

No. ..... St.

Primary Registration District No. 2194

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Unnamed~~ Kunz, Bernice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ezra L. Kunz	FULL MAIDEN NAME	Vilda Slustin
RESIDENCE	R.F.D. #1 Blackfoot	RESIDENCE	#1 Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Idaho

Filed Jan 7 1920 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Hospital Birth Cert., Cottonwood Maternity Hospital, Murray, Utah, child born October 9, 1940 at 7:30 A.M. gives full name of father as Lawerence Nelson and full maiden name of Mother as Bernice Kunz, born Dec. 17, 1919 at Thomas, Idaho - married June 23, 1938 at Salt Lake City, Utah - viewed by F.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Statement from A.E. Baxter, Ward Clerk, Richland Third Ward, L.D.S. Church, Richland Washington, dated Sept. 2, 1963 states "This is to certify that the membership records of this Ward show that Bernice Kunz Nelson was born Dec. 17, 1919 at Thomas, Idaho and that her parent as Ezra L. Kunz and Vilda Dustin." viewed by V.S.

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington, dated Sept. 2, 1963 states "This is to certify that the membership records of this Ward show that Bernice Kunz Nelson was born Dec. 17, 1919 at Thomas, Idaho and that her parent as Ezra L. Kunz and Vilda Dustin." viewed by V.S.

Certificate No. 74905

County of ss. Date Filed

SEP 4 1963

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Kunz (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 17, 1919 (Date of Event)

in Bingham County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Bernice Kunz

Subscribed and sworn to before me this 21 day of July, 1963

Marlon E. Kunz

Notary Public, residing at Salt Lake

My commission expires 12-19-66

(Seal)

Signed Ezra L. Kunz

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

560 E 2nd So Sandy, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of July, 1963

Marlon E. Kunz

Notary Public, residing at Salt Lake

My commission expires 12-19-66

(Seal)

Signed Vilda W Kunz

(Signature of Any Credible Person)

560 E 2nd So Sandy, Utah

(Street Address, City, State)

FORM DH 60-155 CL 2-11-63. nm

SEP 5 1963

719-212-006-253

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Thomas

Registration District No. 121 File No. 74906

No. ..... St.

Primary Registration District No. 2194 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lois May Gardner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alvin Floyd Gardner	FULL MAIDEN NAME	Clara Eliza Beck
RESIDENCE	R.F.D. #2. Blackfoot	RESIDENCE	#2. Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed Jan 7 1920 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1943

713-22[redacted]
006-319

PLA[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot,

No. Ward H. 4 St.

Registration District No. 121

File No. 74907

Primary Registration District No. 1007

Registered No. 319

Hospital

FULL NAME OF CHILD Amelia Paterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Paterson	FULL MAIDEN NAME	Anna Campbell
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Idaho

Filed Jan 7 1920 Mrs Hulair E. Patrick

Registrar

Registrar

S-Y-CO 38071

466-114-006-432

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 482 N. Main St.

Hospital

Registration District No. 121

File No. 74909

Primary Registration District No. 1007

Registered No. 316.

FULL NAME OF CHILD Frank LeRoy Moody

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar W. Moody	FULL MAIDEN NAME	Clarence McKenna
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife Farmer

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot, Idaho.

Filed Jan 7 1920 Mrs Hales E. Patrick

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-110-006-815

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Moreland St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 74910

Primary Registration District No. 2144 Registered No. 315

FULL NAME OF CHILD John Call

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec. 10 1919

FATHER		MOTHER	
FULL NAME	Harry L. Call	FULL MAIDEN NAME	Sara Hansen
RESIDENCE	Blackfoot, Idaho #2	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 91 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed Jan 7 1920 Mrs Helen E. Patrie
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-104-006-361

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 74911

Con. Bridge & Shelling St.

Primary Registration District No. 1007 Registered No. 3

Hospital

FULL NAME OF CHILD Gene Sollender

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. W. Sollender	FULL MAIDEN NAME	Geneva Coates
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho ~~Geneva Coates~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Ida

Filed Jan 7 1920 Mrs Pale

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 1943

312-204-006-265

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 17 No. Cleveland St.

Hospital

Registration District No. 121

File No. 74912

Primary Registration District No. 1007

Registered No. 213

FULL NAME OF CHILD Khell Janet Case

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Female		Yes	Dec 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick A. Case	FULL MAIDEN NAME	Ethelyn Swenson
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Labor-Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Jan 7 1920 Mrs Walter E. Patrie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1976

799-121-006-533

Form V. S. No. 11-C—20m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

No. _____ St.

Hospital _____

Registration District No. 121 File No. 74913

Primary Registration District No. 2194 Registered No. 312

FULL NAME OF CHILD Fernanne D Grimmett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	Yes	12 21 1919

FATHER		MOTHER	
FULL NAME	Chester Albert Grimmett	FULL MAIDEN NAME	Mae Elizabeth Ellis
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Moreland Idaho ~~Moreland~~	BIRTHPLACE	Iona Bingham Co Idaho
OCCUPATION	Common labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Draper
midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Moreland Idaho

Filed Jan 7 1920 Mrs Nelson E. Patrick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-211-004-445

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74916

County of Bear Lake

City of Bloomington Registration District No. 33 File No. 409

No. ____ St.

Primary Registration District No. 2132 Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 – 11 1919

FATHER		MOTHER	
FULL NAME	Don Haddock	FULL MAIDEN NAME	Hazel Dunford
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. J. Sutton M.D. (Physician or midwife)

Address Paris

Given names added from a supplemental report.

Jany 10 1920 T. J. Sutton Registrar

Filed 12-10 1919 T. J. Sutton Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 8 1968

866-111-044-384

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 74919

Primary Registration District No. ..... Registered No. .....

Full Name of Child Kenneth E. Hood

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Dec 11 1919

FATHER

FULL NAME: Mosis D Hood

RESIDENCE: Midvale Idaho

COLOR: White AGE AT LAST BIRTHDAY: 47 (Years)

BIRTHPLACE: Arkansas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Alice Thomason

RESIDENCE: Midvale Idaho

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Arkansas

OCCUPATION: House Wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt Physician (Physician or midwife)

Address Midvale

Filed 1-10-1920 F A Schmidt Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1967

SEP 29 1967

697-110-044 243

PLACE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87

File No. 74920

Primary Registration District No. _____

Registered No. _____

Full Name of Child Lyle Deibert Wiggins

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		yes	Dec. 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward N Wiggins	FULL MAIDEN NAME	Clara D Britton
RESIDENCE	Midvale	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Midvale Idaho

Registrar

Filed 1-10-1920 F. A. Schmidt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-213-044-281

PLACE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

STATE OF I[redacted]
BUREAU OF VITAL
CERTIFICATE [redacted]

Registration District No. 87

Primary Registration District No. _____

File No. 14921

Registered No. _____

Full Name of Child Dora May Colson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl			yes	12 13 1919

FATHER		MOTHER	
FULL NAME	Homer W Colson	FULL MAIDEN NAME	Edith Hellen Shaw
RESIDENCE	Council Idaho	RESIDENCE	Council Idaho
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fa Schmutz

Physician (Physician or midwife)

Address Midvale Idaho

Filed 1-10-1920 Fa Schmutz Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1967

AUG 2 8 1967

MAY 2

MAY 2 6 1994

556-117-044-795

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Midvale

City of Washington

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. _____

File No. 74922

Registered No. _____

Full Name of Child _____

SEX OF CHILD: male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Dec (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred E Newman	FULL MAIDEN NAME	Florence Preston
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	House Wife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Midvale Idaho

FILED JAN 10 1920 F A Schmitz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1919-317282

NOT

Z - NEWMAN

363-118-044-413

PLACE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-4-15-19

Registration District No. 87

Primary Registration District No. _____

File No. 74923

Registered No. _____

Full Name of Child Geo Gilbert Colson

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
male		yes	12 (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Walter Gilbert Colson	FULL MAIDEN NAME	Dissa. M Macomb.
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Midvale Idaho

Registrar

Filed 1-10 1920 F A Schmitz

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-220-044-789

PLACE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 74926

Primary Registration District No. _____ Registered No. _____

Full Name of Child Catherine Carr

SEX OF CHILD Female | Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births) | Legitimate? yes | DATE OF BIRTH Dec. 20 (Month) (Day) 19 (Year)

FATHER

FULL NAME Thos. B Carr

RESIDENCE Midvale Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Scotland

OCCUPATION Sheep man

MOTHER

FULL MAIDEN NAME Parlee D. Philips

RESIDENCE Midvale Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Indiana

OCCUPATION House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fal Schmitz
Physician
(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-10-1920 Fal Schmitz
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1942

DECEASED

236-[illegible]-044-419

PLACE OF BIRTH

Form [illegible]—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. _____

File No. 74927

Registered No. _____

Full Name of Child MARVIN CHARLES BROWN

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		yes	Nov. 30 1919

FATHER	MOTHER
FULL NAME Chas W Brown	FULL MAIDEN NAME Rose Margut. Mastes
RESIDENCE Midvale Idaho	RESIDENCE Midvale Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Midvale Idaho

Filed 1-10 1920 F Eschmidt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of Clearwater }

Certificate No. 19 74927

Date Filed APR 4

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Marvin Charles Brown (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 30, 1919 (DATE OF EVENT)
in Midvale, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by record of birth (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Brown	Marvin Charles Brown

Subscribed and sworn to before me this 1st day of April 19 42

Samuel T. Swaps.

Notary Public, residing at Orofino, Idaho

My commission expires November 17, 1942

(SEAL)

Signed Mrs Rose M Brown

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Clearwater }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of April 19 42

Samuel T. Swaps

Notary Public, residing at Orofino, Idaho

My commission expires November 17, 1942

(SEAL)

Signed E. W. Bowdish

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Orofino, Idaho.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

STATE BOARD OF HEALTH FILE NO. .....

PLACE OF BIRTH

CERTIFICATE OF BIRTH,

STATE OF Idaho

County of Onida

389-225-036-295 Registration District No 26

Precinct of .....

Town or Village of Holbrook Primary Registration District No 2071

Street and No. .....

74928

Registered No 120 1/2

If in Hospital or other Institution, give its name instead of Street and number.

City of .....

FULL NAME OF CHILD Mary Christenson

If child is not yet named, make supplemental report as directed

Sex of Child	Twin, Triplet, or Other?	and	Number in Order of Birth	Legitimate?	Date of Birth
Female	Om		Om	Yes	Aug 25, 1919 [Month] [Day] [Year]

FATHER		MOTHER	
FULL NAME	Martin D Christenson	FULL MAIDEN NAME	Mary Luella Bingham
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 [Years]	AGE AT LAST BIRTHDAY	26 [Years]
BIRTHPLACE	Denmark	BIRTHPLACE	Logan
OCCUPATION	Farming	OCCUPATION	

Number of Child of this Mother .....

Number of children of this Mother now living Om

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on Aug 25 1919 at 4 P M.

Premature No or Still Birth? No (Yes or No)

[Signature] [signature]

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Date Sept 1 1919

[Physician or Midwife]

Address of Physician or Midwife [illegible]

Filed 10-1 1919

[signature] REGISTRAR.

Registered No. .....

Give name added from supplemental report

..... 19

..... REGISTRAR.

Parents and Others Required to Re[illegible]ths

Section 2036x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately r[illegible] the district in which they occur, as hereinafter provided.

REPORTS.

Sec. 2036x4, Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwi[illegible] certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in whic[illegible] occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it s[illegible] duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institutio[illegible] the birth occurred, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, [illegible] from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 2036x8, Compiled Laws of Utah, 1907, provides that: * * * "All Physicians, Midwives, Informants [illegible] nected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such [illegible] as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or t[illegible] local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted, withc[illegible] tory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order speci[illegible] 13 shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof [illegible] "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as parent, househol[illegible] the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become[illegible] before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, r[illegible] for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered n[illegible] make a copy of the original certificate for your local record. If the name of the child is not reported give the person [illegible] the return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the su[illegible] report of name of child has not yet been filed, send the certificate and forward the later report as soon as received a[illegible] ing name or other fact on your copy. If the child died before being named, the report should be made with the [illegible] "died unnamed."

PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confi[illegible] any other person charged with responsibility for reporting births, in the order named in Sec. 13 of this Act, who sh[illegible] or refuse to file a proper certificate of birth with a local registrar within the time required by this Act, shall be dee[illegible] of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisi[illegible] Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the i[illegible] and direction of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of [illegible] meanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundi[illegible]

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of H[illegible]

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-129-036-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form 1 Vol. 5, No. 11-6-25m-9-8-17

County of Oneida

City of Bancroft

Registration District No. 26 **File No.** 74929

No. ..... *St.*

Primary Registration District No. 2069 **Registered No.** 121

Hospital .....

FULL NAME OF CHILD .....

Sex of Child M. **Twin Triplet or other?** ..... **and Number in order of birth** ..... **Legitimate?** Yes **Date of Birth** Aug. 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Henry Thomas

RESIDENCE Bancroft Ida

COLOR White **AGE AT LAST BIRTHDAY** 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Ann Jenkins

RESIDENCE Same

COLOR White **AGE AT LAST BIRTHDAY** 32 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 6 **Number of children of this mother now living, including present birth** 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or Stillborn), at 3:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) D. C. Kay, M.D.

(Physician or Midwife)

Address Malad Idaho

Filed Sept. 29 1919 **Registrar** D. C. Kay

Registrar .....

465-102-036 465

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 74930

Primary Registration District No. 2069 Registered No. 122

FULL NAME OF CHILD Lowis D. Monson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Sept 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lowis D. Monson	FULL MAIDEN NAME	Lulla Jones
RESIDENCE	Malad, Idaho	RESIDENCE	Same.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Idaho

Filed 9-5 1919 D C Ray

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-102-036-165

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 74931

No. ..... St.

Primary Registration District No. 2069

Registered No. 1221/2

Hospital .....

FULL NAME OF CHILD Oliver Paul Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Hyram Clark	FULL MAIDEN NAME	Olive Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D G Ray M D

(Physician or midwife)

Given names added from a supplemental report.

Address Malad Idaho

..... 19....

Filed 10-17 1919 D G Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816-107-036-132

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 74932

Primary Registration District No. 2069 Registered No. 123

FULL NAME OF CHILD George Hawks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			yes	Sept 7 (Month) (Day) 191 9 (Year)

FATHER		MOTHER	
FULL NAME	George Hawks	FULL MAIDEN NAME	Emma Atkinson
RESIDENCE	Arbon Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed [illegible]-10-19 19 D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-344363

799-208-036-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 26

Primary Registration District No. 2069

File No. 74933

Registered No. 124

FULL NAME OF CHILD Deltha Price

Sex of Child: Female

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of Birth: Sept 8 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME: Evan Price

RESIDENCE: Samaria

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Samaria

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Delpha A Peterson

RESIDENCE: Samaria

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housework

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 10 19 19 D C Kay Registrar

249-210-034-945

PLACE OF BIRTH

name added
7-6-88 1h

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Oneida

City of Daniels

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 74934

Registered No. 125

FULL NAME OF CHILD Fayetta Denae Burrie

Sex of Child Female

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John T. Burrie	FULL MAIDEN NAME	Emma Fuegsegger
RESIDENCE	Daniels	RESIDENCE	Daniels
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bear Lake Utah	BIRTHPLACE	Switzerland
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed 10-13-1919 D. G. Ray

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1967

6-8-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

RECEIVED
JUN 16 1988
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Cache } ss.

Certificate No. 74934
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Burrie (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 10, 1919 (Date of Event)
in Daniels (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Burrie	Fayetta Denae Burrie

Subscribed and sworn to before me this 14th day of June, 1988.
Notary Public Fayetta B Smith
Residing at Wellsville
My commission expires May 12, 1989
(Seal)

X Fayetta B Lawrence
Signature of Applicant
X 1443 East 6th No. Logan Ut
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of June, 1988.
Notary Public, Gaye Parson
Residing at Smithfield
My commission expires 3-18-89
(Seal)

X Debra D. Holmes
Supporting Signature
X 170 North Main Logan Ut 84321
Street Address, City, State

JUL 6 1988

LDS Church record of membership / blessing gives name as Fayette Denae Burrie (Laursen) born Sept. 10, 1919 in West Daniels, ID to John G Burrie and Emma Rueggsegger. Blessed Nov. 2, 1919 by Henry L Buehler.
Viewed by V.S.

Marriage Certificate from County of Salt Lake - Utah gives name as Fayetta Denae Burrie married to Leon Fredrick Laursen on June 27, 1939.
Viewed by V.S.

295-214-036-25-9

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 74935

Primary Registration District No. 2069 Registered No. 126

FULL NAME OF CHILD LUCILE BINGHAM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 14 1919

FATHER		MOTHER	
FULL NAME	Lester Bingham	FULL MAIDEN NAME	Doris Servoss
RESIDENCE	Ogden Utah	RESIDENCE	Ogden Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	18	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed 10-19 1919 D. C. Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 14 12 13 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 74935

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Bingham (Name on Original Certificate) who was born (Was Born or Died) on September 14, 1919 (Date of Event)
in Malad (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Lucile Bingham

Subscribed and sworn to before me this 6th day of March, 1978

Notary Public, residing at Clearfield Utah
My commission expires July 7th 1979
(Seal)

Signed Lester Bingham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Davis }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March, 1978

Notary Public, residing at Clearfield Utah
My commission expires July 7th 1979
(Seal)

Signed Doris C Bingham
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

correction corresp. 2-27-78 1 copy pd

Certificate of Baptism and Confirmation gives name as Lucile Bingham daughter of L
Lester Bingham and Doris Servass born Sept. 14, 1919 at Malad, Idaho and
Baptized August 5, 1928 in L.D.s.church.
Viewed by V.S.

Certificate of Blessing gives name as Lucile Bingham daughter of Lester Bingham
and Doris Servas born Sept. 14, 1919 at Malad, Idaho and Blessed Nov. 2, 1919
in L.D.s.Church.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-214-036-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74936

County of Oneida

City of Malad

No. ..... St.

Registration District No. 26

File No. .....

Primary Registration District No. 2069

Registered No. 127

Hospital .....

FULL NAME OF CHILD Evaline Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
F			Yes	Sept. 14 (Month) (Day) 191? (Year)

FATHER		MOTHER	
FULL NAME	Harvey Thomas.	FULL MAIDEN NAME	Victoria J. Williams
RESIDENCE	Malad, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. C. Ray M.D.

(Physician or midwife)

Address Malad Idaho

Filed Sept 18 19 D C Ray Registrar

OCT 25 1968

PLACE OF BIRTH

County of Oneida

City of Malad

165-119-036-719

No. _____ Name added 4/13/81

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C Rev. 6-5-46

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 74937

Primary Registration District No. 2069

Registered No. 128

FULL NAME OF CHILD Ralph D. Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	sept 19 1919

FATHER		MOTHER	
FULL NAME	George W Jones	FULL MAIDEN NAME	Lillan Parry
RESIDENCE	St John	RESIDENCE	St John
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Malad City	BIRTHPLACE	Malad City
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born after 2 a.m. at _____ M. on the date above stated.
(Born alive or stillborn)

(Signature) Sarah A Hughes

Midwife
(Physician or midwife)

Address Malad Idaho

Filed 9-22 19 19 D Riley
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-2—Rev. 8-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

12-4-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

'81 17 PM '81

Certificate No. 74937
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jones (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 19, 1919 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ralph D. Jones

Subscribed and sworn to before me this 26th day of January, 1981.
Notary Public, Joyce H. Friedenberger
Residing at Malad, Idaho
My commission expires Life
(Seal)

Ralph D. Jones
Signature of Applicant
Malad Idaho R.F.D.#1
Street Address, City, State
Box 15

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 1981.
Notary Public, Joyce H. Friedenberger
Residing at Malad, Idaho
My commission expires Life
(Seal)

Mary P. Ipsen
Supporting Signature
Malad RR 1 Idaho
Street Address, City, State
83252

Cetif of Baptsim from Ralph Douglas Jones son of Geo. W. Jones and Lillian Perry. born Sept 18, 1919 at Malad, Idaho. Baptized Oct. 2, 1927. viewedby VS

APR 13 1981

Hnoralbe Discharge from the US. Army gives name as Ralph D. Jones dated Oct 14, 1945 viewed by V. S.

165-115-036-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Registration District No. 26

File No. 74938

Primary Registration District No. 2069

Registered No. 129

Hospital .....

FULL NAME OF CHILD Richard Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept. 15 1919

FATHER		MOTHER	
FULL NAME	Dewey Jones.	FULL MAIDEN NAME	Elizabeth Jones.
RESIDENCE	Malad	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-20 19 19 D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-223-036-866

PLACE OF BIRTH

Form V.-S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Woodruff Ida.

No. ..... St.

Hospital .....

Registration District No. 26 File No. 74939

Primary Registration District No. 2069 Registered No. 130

FULL NAME OF CHILD Vilda Lundberg.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		4	Yes.	9 (Month) - 23 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamine Lundberg.	FULL MAIDEN NAME	Ruby Howell
RESIDENCE	Woodruff Ida.	RESIDENCE	Woodruff Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Woodruff Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6:38 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Malad Ida.

Filed 9-30 1919 D. Clay
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-124-036-819

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 74940

Primary Registration District No. 2069

Registered No. 131

FULL NAME OF CHILD Thomas Rollin James

Sex of Child: M.

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Sept. (Month) 22 (Day) 1919 (Year)

FATHER

FULL NAME: Thomas T James.

RESIDENCE: Malad, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Harrison

RESIDENCE: Same

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Idaho

..... Registrar

Filed 9-27 19 19

D C Ray Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1945

FEB 9 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 74940
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Oneida years 21 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Ida.

4. **FULL NAME OF CHILD** Rollin Thomas Jones

5. Date of Birth of Child (Month, day, year) 9, 24, 1919

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Thomas Jones
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Harrison
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Oneida } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 25 years, and that D. C. Ray (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary H Jones — Signature
Malad City, Idaho — P. O. Address

Subscribed and sworn to before me this 6th day of Feb., 1945.

(SEAL) W. B. Jones, Notary Public, residing at Malad, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent to~~ such ~~date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-125-036-43

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 74941

Primary Registration District No. 2069 Registered No. 134

FULL NAME OF CHILD David E. Thomas

Sex of Child: Male | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: September 25 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Edward E. Thomas

RESIDENCE: Malad

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Malad

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Estella M. Clegg

RESIDENCE: Malad

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housework

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Fullton

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Malad

Filed 10-30 1919 D. C. May

Registrar

466-226-036-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 74942

Primary Registration District No. 2069 Registered No. 133

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Moon	FULL MAIDEN NAME	Louise Moon
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Fulton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

Filed 11-30 1919 D. C. Ray

Registrar

386-230-036-431

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26

File No. 74943

Primary Registration District No. 2069

Registered No. 134

FULL NAME OF CHILD Theda Thomas

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Sept (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Daniel W Thomas	FULL MAIDEN NAME	Anna M McAlister
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 530 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

..... Registrar

Filed 10-3 1919 D C Ray Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 20 1966
Bureau of Vital Statistics

State of Idaho
County of Oneida } ss.

Certificate No. 74943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Thomas (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 4 Jan 1920 and 5 Aug. 1934 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Theda Ellen Thomas

Subscribed and sworn to before me this 15 day of June, 19 66

Notary Public, residing at Malad City, Idaho
My commission expires 6-17-67
(Seal)

Signed Anna Mae M. Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Holbrook Street Malad, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of June, 19 66

Notary Public, residing at Malad City, Ida
My commission expires 6-17-67
(Seal)

Signed Jas. B. Jones
(Signature of Any Credible Person)

156 est 500 North, Malad City, Ida
(Street Address, City, State)

FORM DH 60.155

CL 1-18-61. one copy pd. receipt #11365.

L.D.S. Church Certificate of Birth, entered on record Jan. 4, 1920 gives full name as Theda E. Thomas, born Sept. 30, 1919 at Malad, Idaho to Daniel W. Thomas and Anna Mae McAllister - viewed by V.S.

AUG 1 - 1966

L.D.S. Church Certificate of Baptism and Confirmation, Aug. 5, 1934 gives full name as Theda Thomas, daughter of Daniel W. Thomas and Anna Mae McAllister, born Sept. 30, 1919 at Malad, Idaho - viewed by V.S.

as requested in letter received by this office on Aug. 9, 1966 full name is being as added as Theda Thomas instead of Theda Ellen Thomas -

85-2-201-036-165

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 74944

Primary Registration District No. 2069 Registered No. 135

FULL NAME OF CHILD Mary Alice Hess

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Four	yes	Oct 1 1919

FATHER		MOTHER	
FULL NAME	Joseph Hess	FULL MAIDEN NAME	Esther L Jones
RESIDENCE	Malad Idaho	RESIDENCE	Malad Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	General House Work

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary E Bolingbroke

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Malad Idaho

Filed 10-5 1919

D Ray
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1973

295-105-0A-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Oneida

City of Burist

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14945

Primary Registration District No. 2071 Registered No. 136

FULL NAME OF CHILD Arlean King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 5 1919

FATHER		MOTHER	
FULL NAME	Wm H. King.	FULL MAIDEN NAME	Emma Willis
RESIDENCE	Burist, Idaho	RESIDENCE	Same.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	COLOR	White.
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	40
		BIRTHPLACE	Utah
		OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. C. Clay M.D.

(Physician or midwife)

Address Malad Idaho

Filed 10-10 1919

D. C. Clay Registrar

OCT 31 1950

192-105-036-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 74946

Primary Registration District No. 2069 Registered No. 137

FULL NAME OF CHILD Harold D Arbon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 5 1917

FATHER		MOTHER	
FULL NAME	Joseph N. Arbon	FULL MAIDEN NAME	Elizabeth Davis
RESIDENCE	Malad, Idaho.	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray M.D.

(Physician or midwife)

Address Malad Idaho

Filed 10-7 19 17 D C Ray Registrar

DEC 19 19[illegible]

SEP [illegible] 1955

595-106-036-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 74947

Primary Registration District No. 2069

Registered No. 138

FULL NAME OF CHILD Neil Lavern Neffenegger

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Neffenegger	FULL MAIDEN NAME	Mabel V Clark
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed 10-10 1919

D C Ray

Registrar

AUG 2 1962

165-107-036-168

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 74948

Primary Registration District No. 2069 Registered No. 139

FULL NAME OF CHILD Wesley L. Jones BROTHERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct 7 1919

FATHER		MOTHER	
FULL NAME	William L. Jones	FULL MAIDEN NAME	Anna Lou Johnson
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D. (Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 17 1919

D. C. Ray Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. NOV 2 1947
County of Oneida }

Certificate No. 74948

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Wesley J. Jones	Wesley Brothers Jones

Subscribed and sworn to before me this 28th day of October, 1947.

Notary Public, residing at Malad Idaho
My commission expires Jany 20 1948
(Seal)

Signed X Ann L Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of October, 1947.

Notary Public, residing at Malad Idaho
My commission expires Jany 20 1948
(Seal)

Signed William L Jones
(Signature of Any Credible Person Other Than Previous Year)

Malad Idaho
(Street Address, City, State)

NOV 4 1942

364-207-036-693

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 74949

Primary Registration District No. 2069 Registered No. 140

FULL NAME OF CHILD Genevieve Soman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fr		Yes	Oct 7 1919

FATHER		MOTHER	
FULL NAME	Jack Soman	FULL MAIDEN NAME	Lucy Williams
RESIDENCE	Malad, Idaho.	RESIDENCE	Same.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

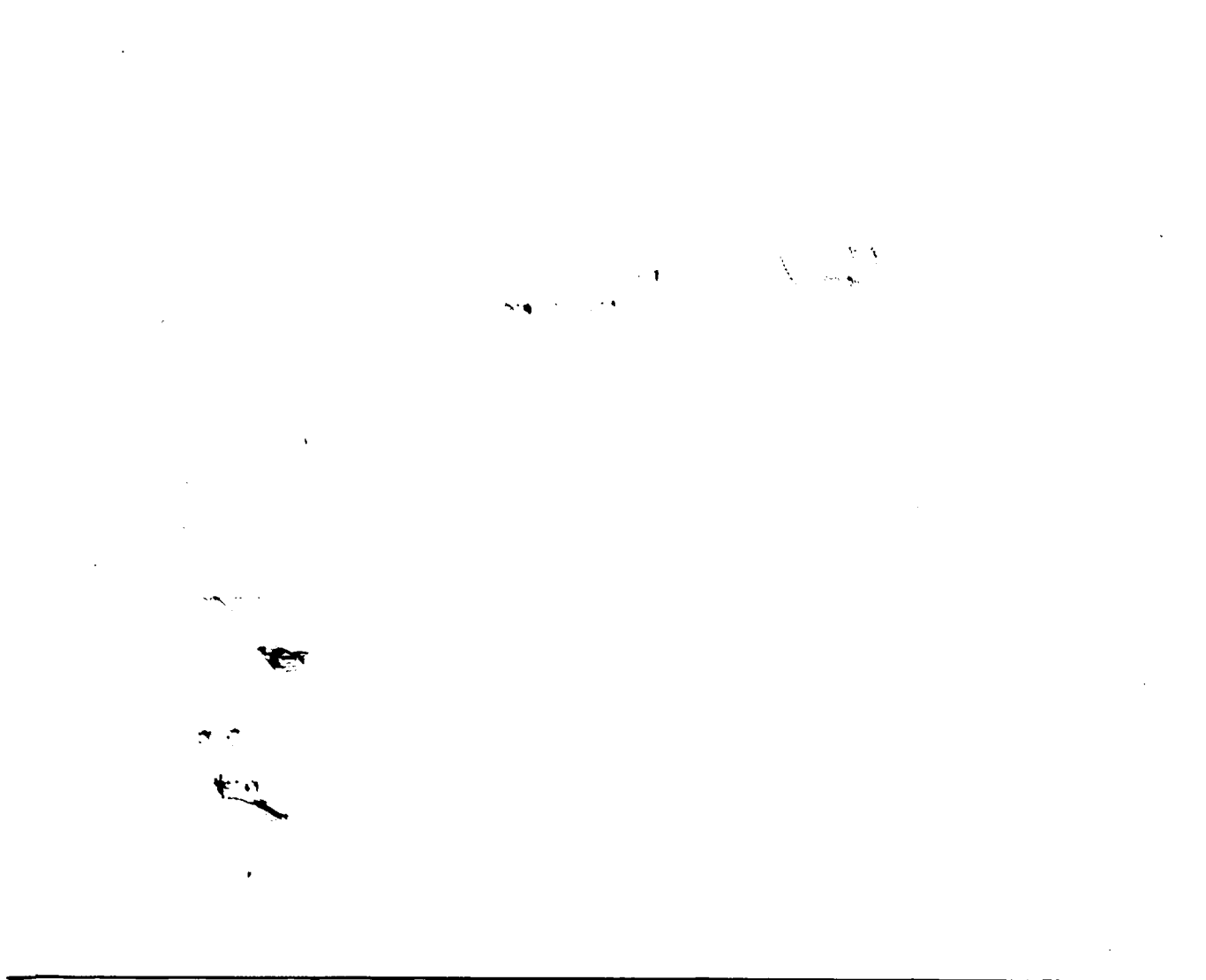
Registrar

Filed 10-10 19 19 D. C. Ray

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



415-109-036-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 74950

Primary Registration District No. 2069 Registered No. 141

FULL NAME OF CHILD Earl Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Oct. 9 1917

FATHER		MOTHER	
FULL NAME	Edgar Davis	FULL MAIDEN NAME	Sarah Price
RESIDENCE	Malad, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-17 1917

D. C. Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 653-211-036-386

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 74951

Registered No. 142

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	10 (Month) 11 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dewy Welling	FULL MAIDEN NAME	Naomia Thomas
RESIDENCE	Fielding Utah	RESIDENCE	Fielding Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Malad Idn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.

Malad Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Ida

Filed 10-13 1919 D. C. Ray
Registrar

Registrar

dup of 1919-403494

415-218-036-386

[redacted]

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 — File No. 74952

Primary Registration District No. 2069 — Registered No. 143

FULL NAME OF CHILD Mariah T. Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Oct 18 1919

FATHER		MOTHER	
FULL NAME	John M. Davis	FULL MAIDEN NAME	Mary O Thomas
RESIDENCE	Malad, Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M.D.

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-25-19 D C Kay Registrar

469-121-036-551

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 26

File No. 74954

No. ..... St.

Primary Registration District No. 2069

Registered No. 145

Hospital .....

FULL NAME OF CHILD Waldorf ~~Morse~~ Evans Morse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William E. Morse	FULL MAIDEN NAME	Sarah Evans
RESIDENCE	Samaria, Idaho.	RESIDENCE	Samaria, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

Address Malad Idaho

..... 19....

Filed 10 22 1919

S C Ray
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1944

Amended 9-9-59

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. 414-128-036-413 St.

Registration District No. 26 File No. 74955

Hospital

Primary Registration District No. 2069 Registered No. 147

FULL NAME OF CHILD Ray Madsen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Oct. 28, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Franklin O. Madsen	FULL MAIDEN NAME: Mary Ann Dalton
RESIDENCE: Malad, R.F.D.	RESIDENCE: Malad, R.F.D.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) D.C. Ray, M.D.

(Physician or midwife)

Address Malad, Idaho

Filed 10-30-1919 D.C. Ray

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Oneida } ss.

Certificate No. 74955

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ray Madson (Name on Original Certificate) who born (Was Born or Died) on Oct. 28, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by baptisian record (Bible Record, Insurance Policy, Etc.) prepared on dept 2, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ray Madson	Ray Madsen
Full Name of Father	Frank Madson	Franklin O. Madsen

Subscribed and sworn to before me this 4th. day of September, 1959
[illegible]
Notary Public, residing at Malad, Idaho
My commission expires Dec. 30, 1962
(Seal)

Signed Warren Washton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R/Box 178 Malad Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Clerk of Cherry Creek Ward

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho
County of Oneida } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th. day of September, 1959
[illegible]
Notary Public, residing at Malad, Idaho
My commission expires Dec. 30, 1962
(Seal)

Signed Morgan H. Harris
(Signature of Any Credible Person)
Bishop of Cherry Creek Ward
Box 166 Rt 1 Malad Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 9-2-59. one copy pd. receipt #14775.

Father's Death Certificate on file, #52-3398 gives full name as Franklin Oliver Madsen - viewed by V.S.

L.D.S. Church Cert. of Baptism & Confirmation, Sept. 2, 1928 gives full name of child as Ray Madsen and father's name as Franklin O. Madsen - viewed by V.S.

Samaria, Idaho-Oneida County, Public Elementary School Diploma, May 3, 1935 gives full name as Ray Madsen - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-17

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 74955

Primary Registration District No. 2069 Registered No. 147

FULL NAME OF CHILD Ray Madson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	6th	Yes	Oct 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Madson	Mary Ann Dalton
RESIDENCE	Malad R.F.D.	Malad R.F.D.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Filed 10-30 1919

D C Ray Registrar

SEP 9 1959

551-229-036-799

Form V. S. No. 11-O—25m-9-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14956

Primary Registration District No. 2069 Registered No. 148

FULL NAME OF CHILD Elda Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fe				yes	Oct 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Heber J. Evans	Millie E. Price
RESIDENCE	Malad, Idaho	Malad, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-30 19 19

D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-230-036-155

Sex of child amended 9-26-86 lh

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 74957

Primary Registration District No. 2069 Registered No. 149

FULL NAME OF CHILD Ruth Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10-30-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James B Thomas	FULL MAIDEN NAME	Alma Jenkins
RESIDENCE	Samaria Idaho	RESIDENCE	same
COLOR	wh	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 19 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Idaho

Filed 11-5 19..

D C Ray
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/26/40 L. B.

AUG 20 1952

9-15-86 1

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 26 10 03 AM '86

State of Florida
County of Palm Beach } ss.

Certificate No. 74957
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ruth Thomas (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 30, 1919 (Date of Event)

in Samaria, Oneida Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Sex of child	male	female

Subscribed and sworn to before me this 22 day of September, 19 86

Notary Public: Jacqueline M Hayes

Residing at Boca Raton, FL

My commission expires NOTARY PUBLIC STATE OF FLORIDA MY COMMISSION EXP. DEC 6, 1987 BONDED THRU GENERAL INS. UND.

(Seal)

x Ruth Thomas Hayes
Signature of Applicant

x 1390 SW 12th ST Boca Raton FL 33432
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Florida
County of Palm Beach } ss.

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of September, 19 86

Notary Public: Jacqueline M Hayes

Residing at Boca Raton, FL

My commission expires NOTARY PUBLIC STATE OF FLORIDA MY COMMISSION EXP. DEC 6, 1987 BONDED THRU GENERAL INS. UND.

(Seal)

Supporting Signature

1340 S.W. 12th Street, Boca Raton, FL 33432
Street Address, City, State

SEP 26 1986

Certificate of marriage from Republica De Chile, District of Recoleta , Division of Santiago registered on June 3, 1958. name of wife given as Ruth Thomas Jenkins married Francisco Hoyos Arroyo date of marriage Dec. 12, 1952 in Rome, Italy.
Viewed by V.S.

Report of birth - CHild born abroad of American Parent(s). filed by the American Embassy, Consular Section, Rome,Italy on Feb. 17, 1956 documented by certificate of birth issued by Rome Municipal Authorities on Oct. 15, 1955. gives full name of mother as Ruth Thomas (Hoyos) born in Samaria, Idaho on Oct. 30, 1919. Child born Oct. 2, 1955 at Salvator Mundi International Hosp. Rome, Italy.
Viewed by V.S.

386-130-036-319

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ouida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 74958

Primary Registration District No. 2069 Registered No. 150

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		4	Yes	10 (Month) – 30 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde Thomas.	FULL MAIDEN NAME	Rhoda Larsen
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	N. C.	BIRTHPLACE	Malad Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Ida.

Filed 11-10 1919 D. Ray
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-122-036-665

name added 4-23-82

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26

File No. 74959

Primary Registration District No. 2069

Registered No. 151

FULL NAME OF CHILD Milton Louis Brown, Jr.

Sex of Child: Male

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Oct (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Milton L. Brown	FULL MAIDEN NAME	Frances Owens
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 1/10 19 19

L. Clay
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss. APR 22 10 41 AM '82
County of _____

Certificate No. 74959
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Brown (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 22, 1919 (Date of Event)

in Malad, ID Oneida (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Milton Louis Brown, Jr.

OFFICIAL SEAL
LEWIS A. HAWKINS
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires JUL 16, 1982

Subscribed and sworn to before me this 25th day of July, 1981.

Notary Public, Lewis A. Hawkins
Residing at 9939 Artesia Blvd Bellflower Ca 90706
My commission expires Jul 17, 1982
(Seal)

Milton L. Brown
Signature of Applicant
7302 Steward E. Gray Rd Downey Ca 90241
Street Address, City, State

OFFICIAL SEAL
LEWIS A. HAWKINS
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires JUL 16, 1982

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of July, 1981.

Notary Public, Lewis A. Hawkins
Residing at 9939 Artesia Blvd Bellflower Ca 90706
My commission expires July 17 1982
(Seal)

Frances O Brown.
Supporting Signature
7302 Steward E. Gray Rd Downey Cal. 90241
Street Address, City, State

7/13/81

APR 23 1982

Marriage Certificate from State of Nevada County of Clark gives Milton Louis Brown Jr and Alice Juanita Nichols were married June 28, 1941. Viewed by V.S.

Social Security Card # 559-03-2554 gives Milton Louis Brown as name issued to. Date of issue on original card is 12-21-36. Viewed by V.S.

Employement record from Wester Pottery Company, Inc of South Gate, California states Milton Louis Brown has worked for the company since 8-10-54 and his birth date is 10-22-19. Viewed by V.S.

318-231-030-[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 74961

Primary Registration District No. 216 Registered No. .....

FULL NAME OF CHILD Audrey Marie Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12-31-19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Russel A. Taylor	Mabel Ringle
RESIDENCE	Salmon, Ida	Salmon, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Missouri	Idaho.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (or stillborn) at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Bratton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan. 10 19 20 M. Deming Greene Registrar

OCT 20 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

923-120-030-242

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 74962

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Robert Lee Isley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m.		Yes	12 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Robert Isley	FULL MAIDEN NAME	Rose Buster
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Salmon

Filed 1/10 1920 M. Dering Green

Registrar

OCT 31 1942

437-225-030-432

PLACE OF BIRTH

County of Latah

City of Palouse

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74963

Registration District No. 41

File No. .....

Primary Registration District No. 2111a

Registered No. .....

FULL NAME OF CHILD ..... Mae Adele McGowan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	12 26 1912

FATHER		MOTHER	
FULL NAME	Joseph McGowan	FULL MAIDEN NAME	Lottie McKinney
RESIDENCE	Formerly	RESIDENCE	Formerly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hamme

(Physician or midwife)

Address Palouse

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/10 1912 M. Henry Levine Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 9 - 1970
Bureau of Vital Statistics

State of WASHINGTON
County of KING } ss.

Certificate No. 74963

Date Filed Jan. 10, 1920

The undersigned does solemnly swear that certain facts on the birth certificate of
for Unnamed McGowan (Name on Original Certificate) who was born (Was Born or Died) on Dec. 25, 1919 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed McGowan	Mae Adele McGowan

Subscribed and sworn to before me this 6th day of November, 1970.
William M. Coyden
Notary Public, residing at Seattle
My commission expires April 9, 1972
(Seal)

Signed x Charleen M. McGowan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
7932-14th Ave S.W., SEATTLE, WA
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON
County of KING } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of November, 1970.
William M. Coyden
Notary Public, residing at Seattle
My commission expires April 9, 1972
(Seal)

Signed Fern Alene Pierce
(Signature of Any Credible Person)
1934 - 17th Ave S W Seattle, Wa.
(Street Address, City, State)

FORM DH 60-155 CL 11/2/70 1cc pd.

Mortgage no. 4576021 Vol 3390 page 471 from Washington gives names as Frank M. Gonzalez and Mae A. Gonzelez, (his wife) of seattle county of King. Dated May 20, 1955. Viewed by V. S.

NOV 10 1970

Certificate of Marriage for Frank M. Gonzalez and Mae Adele McGowan . from state of Washington dated July 6, 1948. Signed by Keith Hidgecock, Judge. Viewed by V. S.

815-221-030-449

PLACE OF BIRTH

County of Lemhi

City of Baker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]-17

Registration District No. 41 File No. 74964

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Elizabeth Luella Hanke

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 11 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Arthur R. Hanke	FULL MAIDEN NAME	Ila G. Durand
RESIDENCE	Baker, Ida	RESIDENCE	Baker, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Watton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon, Idaho.

Filed 1/10 1920 M. Denny Young

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 26 1944

343-109-040-342

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74965

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Registration District No. 123

File No. 76

Primary Registration District No. 2201

Registered No. _____

Full Name of Child ~~Mikial~~ Michael M. Lucas

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Boy			1	Yes	Dec (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Nick Lucas	FULL MAIDEN NAME	Tona Lukich
RESIDENCE	Kellogg	RESIDENCE	Kellogg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Servia	BIRTHPLACE	Bohemia
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Kellogg

Filed 4/8 1920 Geo. S Lesher

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1966

719-202-040-962

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74966

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Registration District No. 123

Primary Registration District No. 2201

File No. 75

Registered No. _____

Full Name of Child Margret Menae Barry

SEX OF CHILD	Twin Triplet or other? and Number in order of birth	Legitimate?	DATE OF BIRTH
F	3 (To be answered only in event of plural births)	Yes	Nov (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Tom H. Barry	FULL MAIDEN NAME	Margret Ester Roberts
RESIDENCE	Kellogg	RESIDENCE	Kellogg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Whales	BIRTHPLACE	Whales
OCCUPATION	Fireman at mine	OCCUPATION	House wife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.40 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or [redacted])

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kellogg

Filed 1/8 1920 Geo. S. Leaker

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 16 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Nootinse

County of Shoshone

City of Kellogg Lane. Idaho

No. 364-117-028-264 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

74967

Registration District No. 123 File No. 74

Primary Registration District No. 2201 Registered No.

Full Name of Child Byron Joseph Soucy

SEX OF CHILD: boy	Twin Triplet or other? and Number in order of birth: 3 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Oct (Month) 17 (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Frank Joseph Soucy, Jr.	FULL MAIDEN NAME: Zola Stady
RESIDENCE: Kellogg Lane. Idaho	RESIDENCE: Lane. Idaho
COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Mich
OCCUPATION: Lumberman	OCCUPATION: House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or [redacted]ife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kellogg

Filed 1/8 1920 Geo. S. Lesher

Registrar

FEB 1 6 195

213 - 207 - 040 - 719

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

74968

Registration District No. 173 File No. 73

Primary Registration District No. 1701 Registered No. _____

Full Name of Child Pauline Lucile Baldwin

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F		1	yes	Oct 7 1919

FATHER

FULL NAME Layton Baldwin

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Washington.

OCCUPATION Grocery Clerk

MOTHER

FULL MAIDEN NAME Lucile May Garner

RESIDENCE Kellogg

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE N. C.

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. R. Mason (Physician or midwife)

Address Kellogg

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/8 19 20 Geo. D. Lesher Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 3 0 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted]

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74969

County of Shoshone

City of Kellogg

857-124-040-281

No. _____ St.

Registration District No. 123 File No. 72

Primary Registration District No. 2201 Registered No. _____

Hospital _____

Full Name of Child James Shaw Heglund.

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
Boy	1	2	Yes	Nov 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ellis Albert Heglund.	FULL MAIDEN NAME	Lillian Shaw
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	England.
OCCUPATION	Blacksmith	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Neason

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

Address Kellogg

Filed 1/8 1920 Geo. S Lesher

Registrar

Registrar

646-426-023-556

PLACE OF BIRTH

County of ~~Shoshone~~ Kootenai

City of ~~Kellogg~~ Cataldo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-18

74970

Registration District No. 123 File No. 71

Primary Registration District No. 2201 Registered No. .....

Full Name of Child Matti Ewald Wuolle

SEX OF CHILD: Boy	Twin Triplet or other? and Number in order of birth: 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Nov (Month) 26 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Matti Wuolle	FULL MAIDEN NAME: Maria Matilda Maki
RESIDENCE: ~~Kellogg~~ Cataldo	RESIDENCE: Cataldo, Ida
COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Finland	BIRTHPLACE: Finland
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kellogg

Filed 1/8 1920 Geo. S. Leslie

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

863-127-040-294

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital ..... Stanley Arthur

FULL NAME OF CHILD ~~Samuel~~ Yates

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[redacted] 971

Registration District No. 123 File No. 70

Primary Registration District No. 2201 Registered No. .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		1	Yes	Oct 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Yates	FULL MAIDEN NAME	Olive Clara Kidwell
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Virginia	BIRTHPLACE	Oregon
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 noon on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Registrar

Filed 1/2 1920 Geo. S. Lesher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1952

893-105-040-962

Form V. S. No. 11-C-25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74972

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 69

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edward Collins Hills

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		2	yes	Oct 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Louis Hills	FULL MAIDEN NAME	Bernice Adeline Ross
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kellogg Idaho
OCCUPATION	Delivery Wagon Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 29 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg Idaho

Filed 1/7 1920 Geo. S. Lesher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-101-040-251

Form V. S. No. 11-C—[illegible]-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

74973

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 68

No. ..... St.

Primary Registration District No. 7701 Registered No. .....

Hospital .....

FULL NAME OF CHILD Kenneth Kermit Dobbs

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		4	yes	Dec 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester Leonard Dobbs	FULL MAIDEN NAME	Stella Ethel Beaman
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Stockton Missouri	BIRTHPLACE	Hepner Oregon
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Filed 1/2 1920 Geo. S. Lesher

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1953

845-212-040-951 **(Be sure the information is complete and accurate)**

State File No. 74974
Local Reg. No.
Reg. Dist. No. 173

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 1/22/74

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): LaVerna b. (Middle): A. c. (Last): Yungk

4. SEX: female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Dec. 12, 1919

FATHER OF CHILD

7. FULL NAME a. (First): Fred b. (Middle): G. c. (Last): Yungk

8. AGE (At time of this birth): 38 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Germany
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Lottie b. (Middle): c. (Last): Rearick

13. AGE (At time of this birth): 35 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Perma
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: no physician
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 1/2/20
22. REGISTRAR'S SIGNATURE: Geo. S. Lesher
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
TIME: 9:30PM

RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 4 10 54 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 74974

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Anna Youngk (Name on Original Certificate) who was born (Was Born or Died) on Dec. 12, 1919 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible records (Bible Record, Insurance Policy, Etc.) prepared on Jan 1938 to 1965 (Give Date) and others, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Anna Youngk	LaVerna Anna Yungk
Full Name of Father	Gottleib F. Youngk	~~Gotlieb F. Yungk~~ Fred Gottleib Yungk

Subscribed and sworn to before me this 6th day of November, 1961

Notary Public, residing at Jordan Montana

My commission expires 8/19/64

(Seal)

Signed: Lottie Jane Yungk
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(mother) Jordan Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Finley A. Youngk
(Signature of Any Credible Person)

Jordan Montana
(Street Address, City, State)

FORM DH 60-155

CL 10-25-61. one copy pd. rec. #2767.

Family Register gives marriage of Frederick G. Yungk and Lottie J. Rearick. Married April 1, 1906. died Dec. 12, 1932. Viewed by V. S.

Child's listinf in Family Bible gives name as Laverna A. Yungk born Dec. 12,1919. at Kellogg, Idaho. Viewed by V. S.

Marriage record in family Bible gives groom's name as Clifford H. Kassner and the bride's name as LaVerna A. Yungk. marriaed April 6, 1935. Viewed by V. S.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74974

Registration District No. 123 File No. 67

Primary Registration District No. 2201 Registered No. .....

Full Name of Child Anna Youngk

SEX OF CHILD Twin	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Dec 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gottlieb F. Youngk	FULL MAIDEN NAME	Lottie Kearick
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Penna
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) MO Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 1/2 1920 Geo. S Lasher

Registrar

WRITE PLAINLY WI... ...NDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated. ... IS A PERMANENT RECORD

JAN 2 2 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 895-111 0410-145

County of Shoshone

City of Kellogg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

74975

Registration District No. 123 File No. 66

Primary Registration District No. 7701 Registered No. ____

Full Name of Child Toivo Hietala

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			Yes	Oct 11 1919

FATHER		MOTHER	
FULL NAME	John Hietala	FULL MAIDEN NAME	Hanna Juuttila
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	H W

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician

(Physician or midwife)

Address ____

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 1/2 1920 Geo. S. Lesher Registrar

269-108-040-395

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74976

County of Shoshone

City of Lufer

No. ..... St.

Hospital .....

Registration District No. 123 File No. 65

Primary Registration District No. 7721 Registered No. .....

Full Name of Child Toivo Eugene Soini

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	Apr (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Toivo Soini	FULL MAIDEN NAME	Alga Maria Lintu
RESIDENCE	Lufer We own	RESIDENCE	Lufer We own
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Lumbermen	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a lively (Born alive ~~or stillborn~~), at 9 Clock A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician

Mrs Thoms Niemi
(~~Physician~~ or midwife)

Given names added from a supplemental report

..... 19....

Address Lufer Ida

Filed 11/14 1919 Geo. S. [illegible]
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-201-040-5-97

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

74977

County of Shoshone

City of Adair

Registration District No. 127 File No. 4

No. ..... St.

Primary Registration District No. 2400 Registered No. .....

Hospital .....

FULL NAME OF CHILD Velena Schimmelpfennig

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Schimmelpfennig	FULL MAIDEN NAME	Magaret Vigue
RESIDENCE	Adair	RESIDENCE	Adair
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Caldwell, Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 15 p.M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Busey - M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Avery - Idaho

Filed Jan. 2d 1920 C Busey

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-128-032-415

Form V. S. No. 11-C [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 74978

No. ..... St.

Primary Registration District No. 2016 Registered No. 77

Hospital .....

FULL NAME OF CHILD Burry Otis Yowell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Dec 28 1919

	FATHER		MOTHER
FULL NAME	Franklin W. Yowell	FULL MAIDEN NAME	Bertha Davis
RESIDENCE	Dietrich	RESIDENCE	Dietrich
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Colo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11-30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Jones MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address ~~[illegible]~~ Shoshone, Ida

Filed Dec 29 1919 J L Fuller

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 3 1972

315-216-032-681

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Registration District No. 16 File No. 74979

Primary Registration District No. 2016 Registered No. 76

FULL NAME OF CHILD Mary Ann Cantrill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Dec (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Robert E. Cantrill	FULL MAIDEN NAME	Anna Whalen
RESIDENCE	Dietrich	RESIDENCE	Dietrich
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Jones MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shoshone Ida

Filed Dec 29' 1919 J L Fuller Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-119-032-168

PLACE OF BIRTH

County of Logan

City of Shoshone

No. ____ St.

Hospital Dietz

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15

CERTIFICATE OF BIRTH

Registration District No. 16

Primary Registration District No. 2016

File No. 74980

Registered No. 73

Full Name of Child Baby

SEX OF CHILD: Male	Twin, Triplet or other? — (To be answered only in event of plural births) and Number in order of birth: 2nd	Legitimate? Yes	DATE OF BIRTH: 12 (Month) 19 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Austin A. Markley	FULL MAIDEN NAME	Ina Johnson
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Texas
		OCCUPATION	Waitress

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 26 1919 [signature]

Registrar

595-222-032-959

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 74981

Primary Registration District No. 1016

Registered No. 74

Full Name of Child Beulah Vieira

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Female	—		1	Yes	12 (Month) 22 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Antonio Vieira	FULL MAIDEN NAME	Minnie Lair
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Flores, Azores	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Cook

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 30 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed Dec 26 1919 J. L. Hutter

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1942

Full Name of Child

813-225-032-944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 74982

Primary Registration District No. 1016 Registered No. 75

Full Name of Child [redacted] EDNA VIORA HACKLER

SEX OF CHILD: Female | Twin, Triplet or other? — (To be answered only in event of plural births) | and Number in order of birth 4 | Legitimate? Yes | DATE OF BIRTH 12 (Month) 25 (Day) 19 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Tom Hackler	Mary Rudolph
RESIDENCE	Shoshone	Shoshone
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Mo.	Mo
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 9. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec 26 1919 J. K. Allen Registrar

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Riverside

Certificate No. 74982

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Dec. 25, 1919 (Date of Event)
in Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Edna Viora Hackler

Subscribed and sworn to before me this 20th day of March 19 42

Notary Public, residing at Blythe Calif

My commission expires May 26, 1945
(Seal)

Signed Alma Bertha Rudolph Hackler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Riverside

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of March, 19 42.

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 1 2 1990

794-108-004-255

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Nounan

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 74983

Registered No. .....

FULL NAME OF CHILD Boy LOGAN LEONARD GRUNIG

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		5	yes	Dec. 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman Otto Grunig	FULL MAIDEN NAME	Merlen Bentler
RESIDENCE	Nounan	RESIDENCE	Nounan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Logan, Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Ida.

Filed 1-1-1920 H. H. Kerr

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7498
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Nounan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years 5 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birt
(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 y
3. **RESIDENCE OF FATHER** (city, state) Nounan, Ida

FULL NAME OF CHILD Logan Leonard Grunig
5. Date of Birth of Child (Month, day, year) Dec. 8, 191
Sex Male
7. Twin or Triplet NO
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Herman Otto Grunig
Color or Race white
12. Age at time of THIS birth 41 yrs.
Birthplace Biel (City or town) Switzerland (State or foreign country)
Exact Occupation Mail carrier
Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Merlen Beutler
17. Color or Race white
18. Age at time of THIS birth 35 y
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2 A. M. on the da
and at the place stated above, and that personal particulars were furnished by Merlen Beutler (First name) (Last name), who
related to this child as Mother (Mother, etc.)

Attendant's **OWN** signature E. E. Hinckley M.D. ~~Midwife~~ Address Ely, Nev. Date 10-12-4

OCT 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

354-129-004-155 name added 7-9-84 dl

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Raymond

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 74984

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Boy Vern J. Teuscher

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	\	12	yes	Nov 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Teuscher	FULL MAIDEN NAME	Carrie Jensen
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Montpelier
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida.

Filed 1-4-1920 H H King

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2-4-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 3 2 02 PM '84

State of IDAHO
County of BANNOCK } ss.

Certificate No. 74984
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Teuscher (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 29, 1919 (Date of Event)

in Raymond (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Vern J Teuscher

Subscribed and sworn to before me this 21 day of MAY, 1984.

Notary Public, R. James Johnston
Residing at Pocatello
My commission expires Life
(Seal)

X Vern J Teuscher
Signature of Applicant

220 Fillmore Dr Pocatello Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of MAY, 1984.

Notary Public, R. James Johnston
Residing at Pocatello
My commission expires Life
(Seal)

C H Teuscher
Supporting Signature

215 Fillmore Pocatello, Idaho
Street Address, City, State

lcc pd

Certificate of Birth from LDS Church gives Vern J Teuscher born Nov 29, 1919 in Raymond to Charles Teuscher and Caroline Jensen . Entered on record June 24, 1928. Viewed by V.S.

JUL 9 1984

Request to Employer Enrollment Card lists employee as Vern J Teuscher born Nov 29, 1919 Employed by Co since Sept 22, 1947. Dated June 21, 1951. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-5-7-15

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

433-214-004-313

No. ....., ... St.

Registration District No. 52

File No. 74985

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Winnie McCammon

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Oct. 14th 1919

FATHER		MOTHER	
FULL NAME	William McCammon	FULL MAIDEN NAME	Tabitha Latham
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Osburn Co, Kansas	BIRTHPLACE	Bennington, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Georgetown, Bear Lake Co, Idaho

Filed 1-1- 1920

H H King Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 7498V

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Dennie

Subscribed and sworn to before me this 3rd day of Aug, 19 43

Notary Public, residing at Twin Falls

My commission expires 1/14/47
(Seal)

Signed Edna May Price
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

APR 2 1971

APR 2 1971

691-102-004-155

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 74986

Registered No. .....

Full Name of Child DeVon Jensen Wray

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	7	yes	12 2 19

FATHER		MOTHER	
FULL NAME	Orson N Wray	FULL MAIDEN NAME	E B Jensen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 69 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Cushley

Montpelier (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1-1- 1920

H H King
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...NET WITH UNFADING INK—THIS IS A PERMANENT RECORD

864-226-004-245

PLACE OF BIRTH

County of Bear Lake

City of Geo Town

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

Primary Registration District No. 2136

File No. 74987

Registered No. _____

Full Name of Child Norma Young

SEX OF CHILD: Fine	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 11 (Month) 26 (Day) 19 9 (Year)

FATHER		MOTHER	
FULL NAME	L Young	FULL MAIDEN NAME	Ella Kunz
RESIDENCE	Geo Town	RESIDENCE	Geo Town
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kan	BIRTHPLACE	Bern
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Monsellet (Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar Filed 1-1-1920 H H Kunz Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-229-004-794 name amended 5/26/81

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 52 File No. 74988

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Eleen Hope Messerly

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	\	7th	Yes	Dec. 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John Messerly	FULL MAIDEN NAME	Mary Grunig
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Montpelier
OCCUPATION	Carpenter	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Address Montpelier, Ida.

Filed 1-1-1920 H. H. King Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1972

4-1-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 10 4 34 PM '81

State of Utah
County of Weber } ss.

Certificate No. 74988
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for LaVern Messerly (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-29-19 (Date of Event)
in Montpelier (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	LaVern Messerly	Eleen Hope Messerly

Subscribed and sworn to before me this 6th day of April, 1981.
Notary Public, Darrell Henry Kenstrom
Residing at Ogden, Utah
My commission expires 3/13/84
(Seal)

Eleen Hope Messerly
Signature of Applicant
2544 W. 2550 S. Ogden Ut.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Utah
County of Weber } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 7th day of April, 1981.
Notary Public, Mary Kay Cowley
Residing at Ogden, Utah
My commission expires 5-6-81
(Seal)

John Sherwood Messerly
Supporting Signature
235 W. 12th St. Ogden, Utah
Street Address, City, State

Certificate of Baptism and Confirmation dated March 29, 1981 (Duplicate copy) baptized August 6, 1933 by Lloyd Sparks in the LDS Church, Ogden Utah Weber South Mission Stake showes name as Eleen Hope Messerly
Viewed by VS

Membership record in the LDS Church endowed June 25, 1941 showes name as Eleen Hope Messerly.
Viewed by VS

751-209-004-284

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 74989

Primary Registration District No. 2136

Registered No. _____

Full Name of Child Louise Stella Pearson

SEX OF CHILD: Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Dec 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard Pearson	FULL MAIDEN NAME	Audrey Syme
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Wyoming
OCCUPATION	Painter and Paper-Hanger	OCCUPATION	wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 40 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Montpelier Idaho

Filed 1-1- 1920 H H King

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. 747-212-004-249 St.

Hospital

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 74991

Primary Registration District No. 2136

Registered No.

Full Name of Child AVANELL JEAN Helen Pearl Pugmire

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Dec 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Pugmire	FULL MAIDEN NAME	Grace May Smith
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 6 20 P M on the date above stated.

(Born alive or [illegible])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician

(Physician or [illegible] Life)

Given names added from a supplemental report.

..... 19.....

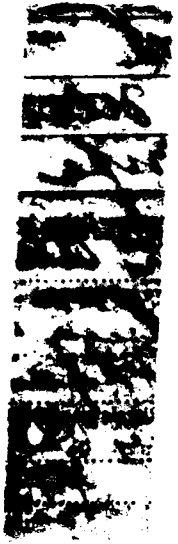
Address Montpelier Idaho

Registrar

Filed 1-1- 1920 H H King

Registrar

K



DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 74991

Date Filed 3-16-43

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for Helen Pearl Pugmire (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 13, 1919 (DATE OF EVENT)
in Montpelier, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Helen Pearl	Avanell Jean Pugmire

Subscribed and sworn to before me this 22 ND day of March, 19 43

Notary Public, residing at Pocatello, Idaho

My commission expires Dec. 30, 1946

(SEAL)

Signed Grace M. Pugmire

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

626 E Halliday Pocatello Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Bannock~~ Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 ND day of March, 19 43

Notary Public, residing at Pocatello, Idaho

My commission expires Dec. 30, 1946

(SEAL)

Signed Mrs. J. W. Harmon

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

244 N. 12th

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 5 - 1968

249-112-004-245

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. _____ St.

Hospital _____

Registration District No. 52

Primary Registration District No. 2136

File No. 74992

Registered No. _____

Full Name of Child Leslie Albert Smith

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Dec 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas L. Smith	FULL MAIDEN NAME	Clara Bientz
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	R.R. Brakeman	OCCUPATION	mfe

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 50 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kurtz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 1-1- 1920 H H Kurtz
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-126-040-249

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 2/25/76

CERTIFICATE OF BIRTH

County of Shoshone

City of Burn's Station Registration District No. 127 File No. 74995

No. ____ St. Primary Registration District No. 2700 Registered No. 153

Hospital ____

FULL NAME OF CHILD Woodrow Francis Pecnick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Pecnick	Theresa Dugar
RESIDENCE	Burn's Station	Burn's Station
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Hungary	Hungary
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:50 P. M. on the date above stated.

(Signature) Dr. Mowry

Physicians

(Physician or midwife)

Address Wallace Ida

Filed Nov 29 19 19 N. C. Mowry Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 74995

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for John Pecknick, Jr. (Name on Original Certificate) who was born (Was Born or Died) on Nov 26, 1919 (Date of Event) in Bunn's Station, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	John Pecknick, Jr.	Woodrow Francis Pecnick
father's last name	Pecknick	Pecnick

Subscribed and sworn to before me this 25th day of February, 1976

Notary Public, residing at Boise

My commission expires 9/15/76

(Seal)

X Signed Ruth M. Pecnick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 818 Post Falls, Ida 83854
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DN 60-155

CL 2/25/76

Certif. of Batpism from St. Rita's church gives name as Woodrow Francis Pecnic child of John Pecnic and mother's nameas Theresa Singer. born Nov 27, 1919, Baptized Apilr 15, 1922. viewed by V. S.

FEB 24 1976

High school Diploma from Wardner-Kellogg High School x gives name as Woodrow F. Pecnic. dated May 20, 1938. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 753-108-036-799

[redacted]RTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 74996

Registered No. 153

FULL NAME OF CHILD .....

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Loren L Peck	FULL MAIDEN NAME	Sue Price
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 1/10 19 Malad

Filed ..... 19.....

Registrar

L. Clay

Registrar

[redacted]

PECK

DUP OF 19-348189

719 123 - 036 - 469

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 74997

Primary Registration District No. 2069

Registered No. 152

FULL NAME OF CHILD Grant M Parry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Parry	FULL MAIDEN NAME	Margaret E Morgan
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

Filed 10/19 19 D Ray

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 10/23/73 851-106
036-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 74998

Primary Registration District No. 2069

Registered No. 154

FULL NAME OF CHILD Nathan Dale Yearsley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	11 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Nathan Melvin Yearsley	FULL MAIDEN NAME	Josephine Jones
RESIDENCE	Woodruff Ida	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	School teacher	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maria E Landon

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19.....

Address Portage Utah

Filed 1-17 1919 D Ray

Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
VITAL STATISTICS
OCT 9 11 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 74998

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Nathan Dale Yearsley (Name on Original Certificate) who was born (Was Born or Died) on Nov. 8, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Nov. 8, 1919	Nov. 6, 1919

Subscribed and sworn to before me this 17 day of Sept, 1973.

Notary Public, residing at Orem, Ut

My commission expires 4-16-74

(Seal)

Signed Nathan Melvin Yearsley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of Sept, 1973.

Notary Public, residing at Orem, Utah

My commission expires 4-16-74

(Seal)

Signed David J. Stone
(Signature of Any Credible Person)

352 East 1780 South Orem, Utah
(Street Address, City, State)

FORM DH 60-155 CL 5/17/73 bcpdec# 15618

Certificate of Membership from LDS Church gives name as Nathan Dale Yearsley born Nov. 6, 1919. Baptized Nov. 6, 1927. Blessed Jan. 4, 1920. Father's name given as N. Melvin Yearsley and mother's nameas Josephine Jones. Viewed by V. S.

OCT 25 1973

Application to the Beneficial Life Ins. Co. gives name as Dale Nathan Yearsley. born Nov. 6, 1919. XXXXX dated Dec. 9, 1939. Viewd by V. S.

165-208-036-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26

Primary Registration District No. 2069

74999

File No. .....

Registered No. 155

FULL NAME OF CHILD ..... Fairlie Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fe			yes	11-8-19

FATHER		MOTHER	
FULL NAME	Albert D Jones	FULL MAIDEN NAME	Margaret Fairlie Jenkins
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Filed 11-15-19

D C Ray Registrar

JUN 1 6 1965

559-111-036-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 75000

Primary Registration District No. 2069 Registered No. 156

FULL NAME OF CHILD ..... William Nelson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	11 11 19

FATHER		MOTHER	
FULL NAME	James David Nelson	FULL MAIDEN NAME	Catherine Pierce
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ida?	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ... 8 ... Number of children of this mother now living, including present birth ... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.
(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-15 1919

D. C. Ray
Registrar

Form V. S. No. 16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 7501

No. St.

Primary Registration District No. 2069 Registered No. 157

Hospital

FULL NAME OF CHILD Fayette Whitney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	2	Yes.	Nov. 11 1909

FATHER		MOTHER	
FULL NAME	Fayette Whitney	FULL MAIDEN NAME	Hermoin Kingston
RESIDENCE	Weuden Utah	RESIDENCE	Weuden Utah.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Weuden Utah.	BIRTHPLACE	Wyoming.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 2:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.
(Physician or midwife)

Address Malad Idaho.

Given names added from a supplemental report.

.....19.....
Registrar

Filed 11-12-1909
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

613-214-036-799

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Gwenford

Registration District No. 26

File No. 75002

No. ..... St.

Primary Registration District No. 2069

Registered No. 158

Hospital .....

FULL NAME OF CHILD Theda Waldron

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fe		Yes	11-14-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Waldron	FULL MAIDEN NAME	Hannah Griffiths
RESIDENCE	Gwenford Idaho	RESIDENCE	
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Idaho

Filed 11-19 1919

..... Registrar

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1944

414-117-036-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Elkhorn Country

No. ~ St.

Hospital ~ Arnold

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 75003

Primary Registration District No. 2069

Registered No. 159

FULL NAME OF CHILD Ross A Madson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	Seventh	Yes	November 17 1919

FATHER		MOTHER	
FULL NAME	John Madson	FULL MAIDEN NAME	Ann A Clark
RESIDENCE	Elkhorn Country	RESIDENCE	Elkhorn Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Salem, Utah	BIRTHPLACE	Malad, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. T. Mower M.D

Physician (Physician or midwife)

Address Malad, Idaho

Filed 11-24 1919 D C Gray Registrar

Certified Copy issued Feb. 3, 1941. E.W.

469-117-036-415

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 75004

Primary Registration District No. 2069 Registered No. 160

FULL NAME OF CHILD [redacted] Morgan, Orville

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11-18-19

FATHER		MOTHER	
FULL NAME	David W. Morgan	FULL MAIDEN NAME	Leah Davis
RESIDENCE	Malad	RESIDENCE	
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Kay M.D.

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 18 19 19 D. C. Kay Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

847-219-036-386

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-...

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 7505

Primary Registration District No. 2069 Registered No. 161

FULL NAME OF CHILD Sarabelle Thorpe Hughes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			Yes	4-19-9

FATHER		MOTHER	
FULL NAME	Talley H. Hughes	FULL MAIDEN NAME	Sarah E Thorpe
RESIDENCE	Malad	RESIDENCE	Same
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. C. Ray M.D.

(Physician or midwife)

Address Malad Idaho

Filed 4-21 19 19 D. C. Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth, stated.

AUG 29 1961

993-220-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 26

File No. 75006

Primary Registration District No. 2069

Registered No. 162

FULL NAME OF CHILD Dorothy M. Richards

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Walter S Richards	FULL MAIDEN NAME	Nellie Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed 9/10 1919 D C Ray

Registrar

Registrar

K

Photo Copy of Malad High School Diploma, Malad City, Idaho dated May 23, 1940 gives full name of student as Dorothy M. Richards - viewed by V.S. Photo Copy of Marriage License, and Certificate, State of Idaho County of Oneida, married June 20, 1942 gives full name of groom as Howard W. Briggs and full maiden name of bride as Dorothy M. Richards - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho, } ss.
County of Oneida }

RECEIVED MAY 13 1963 Bureau of Vital Statistics

Certificate No. 75006

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Richards (female child) (Name on Originaf Certificate) who was born (Was Born or Died) on Nov. 20, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothy M. Richards

Subscribed and sworn to before me this 9th day of May, 19 63

Notary Public, residing at Malad, Idaho,
My commission expires Jan. 27th 1965
(Seal)

Signed: Nellie J. Richards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

374-N-30-W Malad City, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May, 19 63

Notary Public, residing at Malad, Idaho,
My commission expires Jan. 27th 1965
(Seal)

Signed: Millie Parry
(Signature of Any Credible Person)

295 W Main Malad Idaho
(Street Address, City, State)

FORM DH 60-155 CL 4-3-63. one copy pd. rec. #02630.

MAY 21 1963

342-224-036-653

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 75007

Primary Registration District No. 2069

Registered No. 163

FULL NAME OF CHILD Blanche Elizabeth Lusk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Perry P Lusk	FULL MAIDEN NAME	Blanche E Wilks
RESIDENCE	Pauline	RESIDENCE	Pauline
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 1/10 19 D C Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Today

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED DEC 8 - 1971 Bureau of Vital Statistics

State of Idaho
County of Bannock

Certificate No. 75007

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lusk (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Blanche Elizabeth Lusk

Subscribed and sworn to before me this 6th day of December 19 71.

Notary Public, residing at Pocatello, Idaho
My commission expires 4/1/73
(Seal)

Signed Benjamin D Lusk Brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

328 W Howard Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 8-6-65. one copy pd. rec. #18907.

Own child's birth certif. on file in Idaho (File No.442509) for Rickard Dee Bailey. Born 9-20-47.at Pocatello, Idaho. gives mother's name as Blanche Elizabeth Lusk and the father's name as Vernal Facer Bailey. JAN 1 1 1972

Certificate of Blessing from LDS Church gives name as Sharla Dene Bailey daughter of Vernal Facer Bailey and Blanche Elizabeth Lusk. Born Oct. 24, 1951 at Pocatello, Idaoo. Was Blessed Dec. 2, 1951. Dated Dec. 2, 1951. Viewed by V. S.

413-124-036-213

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 75008

Registered No. 164

FULL NAME OF CHILD ~~Shoba~~ Joba Matsukawa

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	K. Matsukawa	FULL MAIDEN NAME	Tome Sato
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Bert Growing	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

Filed 9/10 1919 D. C. Ray Registrar

(Over)

...and the number of each, in order of birth stated.

165-129-036-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 75009

Primary Registration District No. 2069

Registered No. 165

FULL NAME OF CHILD JINK WILLIAM JONES

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Morris H Jones	FULL MAIDEN NAME	Minnie Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

Filed 7/10 1919 — S C Ray

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida }

Certificate No. 75009

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Unamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 29, 1919 (DATE OF EVENT) in Cherry Creek (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by certificate of blessing (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 4, 1921 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Jink William
		Jones

Subscribed and sworn to before me this
day of February 24 1943

John H. McAllister
~~Notary Public~~ Clerk of the District Court, residing at Malad, Idaho

My commission expires
(SEAL)

Signed Morris Henry Jones FATHER
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route 1, Malad City, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of February 24 1943

John H. McAllister
~~Notary Public~~ Clerk of the District Court, residing at Malad, Idaho

My commission expires
(SEAL)

Signed Veda E Jones
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R.F.D. No. 1 Malad, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 1 1948

753-102-036-157

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 75010

Primary Registration District No. 2069 Registered No. 166

FULL NAME OF CHILD Lars Keith Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E Roger Peterson	FULL MAIDEN NAME	Clara Jeppson
RESIDENCE	Bush	RESIDENCE	Bush
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed 10/10 1919 D. C. May

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 4 1966
Bureau of Vital Statistics

State of UTAH
County of BOX ELDER } ss.

Certificate No. 75010

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Peterson (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 2, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 12, 1919 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lars Keith Peterson
Lars Keith Peterson		

Subscribed and sworn to before me this 29th day of March, 1966

Lorene B. Smith

Notary Public, residing at Brigham City, Utah

My commission expires July 8, 1966

(Seal)

Signed Clara Jepson Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

248 North 2nd East, Brigham City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH
County of BOX ELDER } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1966

Lorene B. Smith

Notary Public, residing at Brigham City

My commission expires July 8, 1966

(Seal)

Signed Clara Jepson Peterson
(Signature of Any Credible Person)

248 North 2nd East, Brigham City, Utah
(Street Address, City, State)

FORM DH 60-155

CL 3-16-66. one copy pd. rec. #8032.

L.D.S. Church Cert. of Blessing, Jan. 5, 1920 gives full name as Lars Keith Peterson, son of E. Roger Peterson and Clara Jeppson, born Dec. 2, 1919 at Malad, Idaho - viewed by V.S.

APR 1-3 1966

L.D.S. Church Cert. of Baptism and Confirmation, Feb. 5, 1928 gives full name as Lars Keith Peterson, son of Elaf R. Peterson and Clara Jeppson, bor Dec. 2, 1919 at Malad, Idaho - viewedby V.S.

NOV 0 6 1990

735-204-036-816

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad, Idaho

Registration District No. 26

File No. 75011

No. ..... St.

Primary Registration District No. 2069

Registered No. 167

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		8	yes	Dec 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Gleed	FULL MAIDEN NAME	Clara Hawkins
RESIDENCE	Malad, Idaho	RESIDENCE	Malad, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Malad, Idaho.	BIRTHPLACE	Samaria, Idaho
OCCUPATION	Trucker	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Maier M.D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad, Idaho

Filed 12/10 1919

D. Gray
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1971

866-204-036-415

PLACE OF BIRTH

Amended 10/19/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 75012

Registered No. 168

FULL NAME OF CHILD Helen Howard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	yes	Dec 4 1919

FATHER		MOTHER	
FULL NAME	Ed. Howard.	FULL MAIDEN NAME	Zelda Davis
RESIDENCE	Malad, Idaho.	RESIDENCE	Malad, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Bountiful, Utah	BIRTHPLACE	Bountiful, Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Maver M.D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad, Idaho

Filed 12/10 1919

D. C. Ray
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 21 11 13 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Oneida

Certificate No. 75012

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Howard (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 4, 1919 (Date of Event) in Malad, Idaho (Oneida) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church blessing certificate - May 2, 1920 and by aunt in area at time (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) of birth - also mother's record in baby book (enclosed copy), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Helen Howard

Subscribed and sworn to before me this 10th day of September 1977

Signed Bertha R. Howard (aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Provo, Utah
My commission expires 12-4-77
(Seal)

306 N 200 E Bountiful Ut 84010.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of September, 1977

Signed Jaka Davis
(Signature of Any Credible Person)

Notary Public, residing at Provo, Utah
My commission expires Dec 4, 1977
(Seal)

127 E 5 S St Bountiful Ut
(Street Address, City, State)

FORM DH 60-155

CL 8/23/77

ecord from Baby book gives name as Helen Howard bonr Dec 4, 1919 at Malad, Idaho. xx viewed by V. S.

OCT 20 1978

Certif of Blessing from the LDS Church gives name as Hellen Howard daughter of Thomas Edw. Howard and Zelda Davis. born Dec 4, 1919 at Malad, Idaho. Blessed May 2, 1920. viwed by V. S.

319 - 211 - 036 - 249

4

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75013

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 169

FULL NAME OF CHILD Bernice Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Dec. 11 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ras. Larson	Phoza Smith
RESIDENCE	Malad, Idaho	Malad, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Denmark	Brigham City, Utah
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 15 8 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. T. Mauer M.D

Physician (Physician or midwife)

Address Malad Idaho

Filed 12/15 19 19 D. Clay Registrar

FEB 2 5 1975

393-212-036-384

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad Ida

Amended 9.18.75

Registration District No. 26

File No. 75014

No. ..... St.

Primary Registration District No. 2069

Registered No. 170

Hospital .....

FULL NAME OF CHILD Dahrl Lillywhite

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	12-12-19 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	LeRoi O. Lillywhite	FULL MAIDEN NAME	Chopha Thomas.
RESIDENCE	Garland. Utah.	RESIDENCE	Garland Utah.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Riverside Utah.	BIRTHPLACE	Malad Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1. a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Malad Idaho

..... 19 .....

Filed 12/15 1911 D. C. Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
SEP 18 1975
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of SAN BERNARDINO } ss.

Certificate No. 75014

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Lillywhite (Name on Original Certificate) who was born (Was Born or Died) on Dec. 12, 1919 (Date of Event)

in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dahrl Lillywhite
Full Name of Father	Roy Lillywhite	LeRoi O. Lillywhite

Subscribed and sworn to before me this 9TH day of SEPTEMBER, 19 75

OFFICIAL SEAL
VIRGIL PIGUEE
NOTARY PUBLIC - CALIFORNIA
SAN BERNARDINO COUNTY
My commission expires JUNE IN FEBRUARY 1, 1976

Notary Public, residing at CHINO, CALIFORNIA

(Seal) SAN BERNARDINO COUNTY

My Commission Expires Feb. 1, 1976

Signed Cleosha T Lillywhite
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4400 PHILADELPHIA, SP83
CHINO, CALIF. 91710
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Ray Francis Goddard
(Signature of Any Credible Person)

240 N 100 W. Malad, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3-2-61. one copy pd. receipt #11787.

John C. Frmont High School , Los AngelesCity, High School District diploma to Dahrl Lillywhite June 25, 1937.
Viewed by VS

SEP 1 8 1975

Certified copy of own childs birth certificate Doriam Dahrl Long born Sept. 13, 1956 at Pomona, California Stae File # 56-236128 give mothers name as Dahrl Lilywhite .
Viewed by VS

Marriage Certificate, County of Weber, State of Utah, Oct. 9, 1918 , LeRoi Lillywhite and Cleopha Thomas , signed by Adam L. Petersen, Magistrate. Viewed by VS

Will of Leroy O. Lillywhite aka Leroi O. Lillywhite dated Oct. 22,1974 Donald K. Kelley, Attorney for Executor, County of Los Angeles, State of California, gives issue of children of Decedent- Dahrl Lillywhite Long, daughter of decedent.
Viewed by VS

165-221-036-993

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 75015

Primary Registration District No. 2069

Registered No. 171

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		6	Yes.	12 (Month) – 21 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J. Jones	FULL MAIDEN NAME	Ormenta Richards
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth ....6... Number of children of this mother now living, including present birth ....6....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Ida

Filed 7/24 1919

D. Ray
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795--124-036-386

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 75016

Primary Registration District No. 2069 Registered No. 172

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	2	Yes.	12 - 24 - 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emery Pinson	FULL MAIDEN NAME	Bessie Thomas.
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	Malad Ida.
OCCUPATION	Barber.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:40 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Burns.

Malad Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12/26 1919 D C Clay Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-126-036-356

5.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 75017

Registered No. 173

FULL NAME OF CHILD Robert Lewis Ray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lailey C. Ray	FULL MAIDEN NAME	Mattie Lewis
RESIDENCE	Malad, Idaho	RESIDENCE	Malad, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad, Idaho

Filed 12/28 1919

D. C. Ray
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1963

231-231-036-155

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad.

No. ..... St.

Hospital .....

Registration District No. 26 File No. 75018

Primary Registration District No. 2069 Registered No. 1741

FULL NAME OF CHILD Marcie Lucille Stauffer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes.	12 (Month) 31 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Stauffer	FULL MAIDEN NAME	Nellie Jennings
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	California	BIRTHPLACE	Colorado.
OCCUPATION	Printer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Ida

Filed 12/31 1919 D. Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

United Benefit Life Insurance Co. Policy, #1,079,272, issued February 12, 1951 gives name as Marcie Lucille Chadburn, Beneficariey - Paul Holt Chadburn-Husband and Donald Stauffer-Brother - viewed by V.S. Pacific National Life Insurance Policy, No. 126662, dated March 22, 1960 for Paul Holt Chadburn, age 41 gives beneficiary as Marcie Lucille Chadburn -wife-viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada
County of Clark } ss.

Certificate No. 75018

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Stauffer (Name on Original Certificate) who born (Was Born or Died) on Dec. 31, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marcie Lucille Stauffer

Subscribed and sworn to before me this 6th day of March 19 59
Frances L. Beatty
Notary Public, residing at Boulder City, Nevada
My commission expires April 18, 1959
(Seal)

Signed Nellie B. Dawn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
520 Arizona, Boulder City, Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 NNCL 2-19-59. 2 copies pd.

APR 1 1970
MAR 20 1964
APR 30 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 - 110 - 036 - 791

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Pleasantview Registration District No. 26 File No. 75019

No. ..... St. Primary Registration District No. 2069 Registered No. 175

Hospital .....

FULL NAME OF CHILD Carl Thurman Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		5	yes	Sept 10 1919

	FATHER	MOTHER
FULL NAME	John Henford Larson	FULL MAIDEN NAME Selma Trail
RESIDENCE	Pleasantview Ida	RESIDENCE Pleasantview Ida
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE Idaho
OCCUPATION	Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mary A. Reese

Midwife (Physician or midwife)

Address Bonanza Ida

Filed Jan 9 1920 D C Ray Registrar

953-228-036-275

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Ridgedale

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 75020

Registered No. 176

FULL NAME OF CHILD Opal Cleone Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	5	yes	Oct 28 1919

FATHER		MOTHER	
FULL NAME	Joseph Peterson	FULL MAIDEN NAME	Hannah Spence
RESIDENCE	Ridgedale Idaho	RESIDENCE	Ridgedale Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Wellsville Ut.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Samaria Ida

Filed Jan 9 1920 D C Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1945

FEB 2 1945

314-225-036-259

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 75021

Primary Registration District No. 2069 Registered No. 177

FULL NAME OF CHILD Elsie Annie Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fe				Yes	Nov 25 1919

FATHER		MOTHER	
FULL NAME	Fredrick Campbell	FULL MAIDEN NAME	Mellie Kerr
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 9 M. on the date above stated.
(Born alive or stillborn)

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Filed 11-30 1919 D C Ray Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

345-229-036-155

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75022

County of Oneida

City of Gunford

No. ..... St.

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 178

Hospital .....

FULL NAME OF CHILD Erma Sundquist

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f				yes	11-29-19

FATHER

FULL NAME Charlie Sundquist

RESIDENCE Gunford Idaho

COLOR wh AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Arizona

OCCUPATION truck driver

MOTHER

FULL MAIDEN NAME Annie Jenkins

RESIDENCE same

COLOR wh AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 50 P. M. on the date above stated.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Filed 11-30 1919 D C Ray Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

718 - 111 - 036 - 719

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 75023

Primary Registration District No. 2069 Registered No. 179

FULL NAME OF CHILD Paul Gardner Payne

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
M		Yes	12 11 19 19

FATHER		MOTHER	
FULL NAME	Chauncey Payne	FULL MAIDEN NAME	Esther May Gardner
RESIDENCE	Arbon Ida	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-15- 19 19

D C Ray

Registrar

APR 14 1943

389 - 115 - 036 - 168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH amend 12-3-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 75024

No. ..... St.

Primary Registration District No. 2069 Registered No. 180

Hospital .....

FULL NAME OF CHILD Lynn James Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	12 15 19

FATHER		MOTHER	
FULL NAME	Carl a Christensen	FULL MAIDEN NAME	Dora Adelia Johnson
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	truck man	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:45 P M. on the date above stated.

(Signature) D. C. Ray, M.D.

(Physician or midwife)

Address Malad Idaho

Filed 12-24 19 19

D C Ray
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-5-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS
DEC 1 9 59 AM '81

State of _____ } ss.
County of _____

Certificate No. 75024
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Lyod Christensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-12-19 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Lyod Christensen	Lynn James Christensen
childs date of birth	12-12-19	12-15-19

Subscribed and sworn to before me this _____ day of Nov 10, 1981.

Notary Public, Florence E. Hamilton
Residing at Salt Lake City
My commission expires 13 Oct 1985
(Seal)

Lynn J. Christensen
Signature of Applicant

3250 Metropolitan way S.L.C. Ct. 84109
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of November, 1981

Notary Public, Myles J. McCabe
Residing at Springville Utah
My commission expires 1-24-83
(Seal)

Goldie Vincent
Supporting Signature

115020 200 North Pleasant Utah
Street Address, City, State

credit 3 cc

Cert of Blessing from LDS Church gives Lynn James Christensen born 12-15-19 in Malad to Carl Christensen and Dora Johnson was blessed 2-1-20. Viewed by V.S.

DEC 3 1981

LDS Church record gives Lynn James Christensen Sr. was born 12-15-19 in Malad to Carl Christensen and Dora Johnson. He was ordained to a Priest 11-19-39. Viewed by V.S.

386-215-036-55-1

PLACE OF BIRTH

[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Pleasantview

Registration District No. 26

File No. 75025

No. ..... St.

Primary Registration District No. 2069

Registered No. 181

Hospital .....

FULL NAME OF CHILD Margaret ~~Th~~ THOMSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	7	yes	Dec 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George ~~Th~~ THOMSON	FULL MAIDEN NAME	Rose Evans
RESIDENCE	Pleasantview Ida	RESIDENCE	Pleasantview
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Laketown, Ut.	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Samaria Idaho

Filed Jan 9 1920 D. C. Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida }

Certificate No. 75025

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Margaret Thompson (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on Dec 13, 1919 (DATE OF EVENT)
in Malad, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec 15, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Margaret Thompson	Margaret Thomson

Subscribed and sworn to before me this 15th
day of January, 1943
Fred W. Clark
Notary Public, residing at Malad, Ida
My commission expires 6/11/44
(SEAL)

Signed Rose Evans Thomson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Malad, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of January, 1943
Fred W. Clark
Notary Public, residing at Malad, Idaho
My commission expires 6/11/44
(SEAL)

Signed Robert E. Thomson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Malad, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 20 1943

993-121-036-764

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 75026

No. ..... St.

Primary Registration District No. 2069 Registered No. 18

Hospital .....

FULL NAME OF CHILD Robert G. Richards

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	12-21-19

FATHER		MOTHER	
FULL NAME	Robert Richards	FULL MAIDEN NAME	Irene Goddard
RESIDENCE	Malad	RESIDENCE	
COLOR	wh	COLOR	whelk
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farm laborer	OCCUPATION	housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 45 M.
(Born alive or stillborn)
on the date above stated.

(Signature) D C Ray M D
(Physician or midwife)

Address Malad Idaho

Filed 12-24 19 19

D C Ray
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MAY 1 9 1967

168-127-036-693

PLACE OF BIRTH

County of Oneida

City of Pleasantview

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26

Primary Registration District No. 2069

File No. 15027

Registered No. 183

FULL NAME OF CHILD William Keith John

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		3	yes	Dec 27 1919

	FATHER	MOTHER
FULL NAME	William E John	Sarah May Williams
RESIDENCE	Pleasantview Ida	Pleasantview Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Samaria Ida	Samaria Ida
OCCUPATION	Farming	

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mary P. Reese

Midwife
(Physician or midwife)

Address Samaria Ida

Filed 1-9 1920

D Hay Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

15-2-41

314 -230-036-75-9

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. Name added 7-10-81 St.

Hospital

Registration District No. 26 File No. 75028

Primary Registration District No. 2069 Registered No. 1801

FULL NAME OF CHILD ANNE CAMP

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fe				Yes	12 30 1919

FATHER	MOTHER
FULL NAME Alvin M Camp	FULL MAIDEN NAME Margaret Peace
RESIDENCE Malad R-1-D	RESIDENCE same
COLOR wh	COLOR wh
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 M. on the date above stated.

(Signature) D Clay MD

(Physician or midwife)

Address Malad Idaho

Filed 12-31 1919 D Clay Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of ONEIDA } ss.

5 11 18 AM '81

Certificate No. 75028
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Camp (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 30, 1919 (Date of Event)

in Malad, Idaho (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Anne Camp

Subscribed and sworn to before me this 30th day of April, 1981.
Notary Public, Joan Hawkins
Residing at Malad, Idaho
My commission expires Life
(Seal)

Anne C. Peterson
Signature of Applicant
Rt. I Malad, Idaho 83252
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of April, 1981
Notary Public, Joan Hawkins
Residing at Malad, Idaho
My commission expires Life
(Seal)

Shirley H. Rauth
Supporting Signature
100 E. 90 S. Malad, Idaho 83252
Street Address, City, State

11/20/80 lbc pd. rec. #10241

Marriage license gives name as Clair Christoffersen married to Linne Camp. Married June 27, 1938.
C.C issued Oct 7, 1976
Viewed by V.S.

JUL 1 [illegible] 1981

Certificate of Baptism gives name as Anne Camp ~~born~~ Baptized Jan 5, 1928, and born Dec 30, 1919, in St. John, Oneida, Id.
Viewed by V.S.

386 -105-036-799

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 75030

Primary Registration District No. 2069 Registered No. 104

FULL NAME OF CHILD Thomas Judd Thomas

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			Yes	July 5 1919

FATHER		MOTHER	
FULL NAME	Espy Thomas	FULL MAIDEN NAME	Ethel Price
RESIDENCE	Malad	RESIDENCE	same
COLOR	white	COLOR	wh
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of children of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D
(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 7-14 1919 D C Ray
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-214-036-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 75031

Primary Registration District No. 2069 Registered No. 105

FULL NAME OF CHILD Gwenford Pierson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fr		Yes	July 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vernal Pierson	FULL MAIDEN NAME	Sally Sheriff
RESIDENCE	Malad, Idaho.	RESIDENCE	Same.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Ohio
OCCUPATION	Carpenter.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Immature (Born alive or stillborn) at 11:40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Ray M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Idaho

Filed 7-17 1919 D. G. Ray

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 11 1945

DUP OF 1919-408460

213-117-036-864

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 75032

Primary Registration District No. 2069 Registered No. 106

FULL NAME OF CHILD Platt Neil Ballaine ~~Norman Ballaine~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.			July (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Platt Ballaine	FULL MAIDEN NAME	Adelia House
RESIDENCE	Malad, Idaho.	RESIDENCE	Malad, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Utah
OCCUPATION	Auto salesman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. G. Ray M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Malad Idaho

..... 19.....

Filed 7-19 1919

S. G. Ray
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 75032

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Platt Neil Ballaine (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1919 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by undersigned (Bible Record, Insurance Policy, Etc.) prepared on May 13, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Norman	Platt Neil Ballaine

Subscribed and sworn to before me this 13th day of May, 19 43

O. H. Matthews

Notary Public, residing at Salt Lake City, Utah

My commission expires June 24, 1944
(Seal)

Signed Mrs Ginnie E. Hardman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 19 43

O. H. Matthews

Notary Public, residing at Salt Lake City, Ut.

My commission expires June 24, 1944
(Seal)

Signed H. J. Schmidt
(Signature of Any Credible Person Other Than Previous Year)

176 S. State Salt Lake City, Utah
(Street Address, City, State)

MAY 15 1343

845-117-036-713

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 15-C 25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 75033

Primary Registration District No. 2069

Registered No. 107

FULL NAME OF CHILD Elmer Hunsaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	July 17 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jesse Hunsaker	FULL MAIDEN NAME	Myrne Palmer
RESIDENCE	Malad Idaho.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho.

Filed 7-17 1919

D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Oneida } ss.

Certificate No. 75033
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Elmer Hunsaker (Name on original certificate) who born (Was born or died) on July 18, 1919 (Date of event)
in Malad, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Birth Date	July 18, 1919	July 17, 1919

Subscribed and sworn to before me this 26 day of July 1941

J. E. Ray
Notary Public, residing at Malad Idaho
My commission expires January 20 1943
[SEAL]

Signed Robert J. Hunsaker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Malad Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho
County of Oneida } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of July 1941

J. E. Ray
Notary Public, residing at Malad Idaho
My commission expires January 20 1943
[SEAL]

Signed Thomas H. Chivers
(Signature of any credible person other than the previous affiant)
Malad Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Caution

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 893-226-036-663

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 75034

Registered No. 108

FULL NAME OF CHILD Elda Hill

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Hill	FULL MAIDEN NAME	Charity L Wolverton
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

Filed 7-31 1919 D. Kay

Registrar

MAR 1 5 1965

269-207-036-231

Form V. S. No. 11-C—25m-9-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26

Primary Registration District No. 2069

File No. 75035

Registered No. 109

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Aug 7 191?

FATHER

FULL NAME: Golden Sorenson

RESIDENCE: Malad, Idaho.

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Iona B Lasdell

RESIDENCE: Same.

COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Filed Aug 7 1919 D C Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-108-036-697

Form V. S. No. 11-C—20m-8-37

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 — File No. 75036

Primary Registration District No. 2069 — Registered No. 110

FULL NAME OF CHILD Wilford Edwards

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
M.		Yes	August 8 (Month) (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David M. Edwards	Elizabeth Wight
RESIDENCE	Malad, Idaho.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Idaho.	Idaho.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:10 P. M. on the date above stated.

(Signature) D. C. Ray m.d.

(Physician or midwife)

Address Malad Idaho

Filed Sept 15 1919

D. C. Ray
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

APR 9 1943

OCT 3 1975

415-115-036 815

Form V. S. No. 11-C—25m-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 75037

Registered No. 111

FULL NAME OF CHILD Vincent A Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug. 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Vin Davis	Lorena Hanson
RESIDENCE	Malad, Ida.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Idaho.	Utah
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray M D

(Physician or midwife)

Address Malad Idaho

Filed 8-20 1919 D C Ray Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1941

693 - 115 - 036 - 142

Form V. S. No. 11-C—25m-8-6-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 75038

Registration District No. 26

Primary Registration District No. 2069

File No. .....

Registered No. 112

FULL NAME OF CHILD Mary Robert W. Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Aug. 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac Wilson	Ruth Austrau
RESIDENCE	Malad, Idaho.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	38
BIRTHPLACE	Utah	Norweigh
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report. .....19.....

Filed 8-16 19 19 D. C. Ray

Registrar

.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613 - 216 - 036 - 386

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 75039

Primary Registration District No. 2069 Registered No. 113

FULL NAME OF CHILD KATIE WALDRON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	8 16 1919

FATHER		MOTHER	
FULL NAME	L Gilspy Waldron	FULL MAIDEN NAME	Eliza J Thomas
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Samaria	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Altona

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 8-25 1919 D Ray

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...RVED FOR BINDING

MAY 13 1953

495-117-036-245

Form V. S. No. 11-C—2Mm-8-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 75040

Primary Registration District No. 2069 Registered No. 114

FULL NAME OF CHILD David Whitney Dredge

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		3	Yes	Aug 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse H. Dredge.	FULL MAIDEN NAME	Nellie M. Kunz.
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Burn Ida.
OCCUPATION	Sheep owner & Banker.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Ida.

Filed 8-25 1919 D. Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 4/4/41 JMF

852-118-036-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 75041

Primary Registration District No. 2071 Registered No. 115

FULL NAME OF CHILD Quinton F. Hess

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm F Hess	FULL MAIDEN NAME	Eudora Parker
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed 8-22-1919 D C Ray

Registrar

NOV 9 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-218-036-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Gabandria

No. ..... St.

Hospital .....

Registration District No. 26 File No. 75042

Primary Registration District No. 2069 Registered No. 116

FULL NAME OF CHILD Taskiko Utsumomiya

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.				Aug 18 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Noborn Utsumomiya	To moye Tano
RESIDENCE	Malad, Idaho.	Same.
COLOR	Mongolian
AGE AT LAST BIRTHDAY (Years)	38	31
BIRTHPLACE	Japan	Japan
OCCUPATION	Sugarbeet grower	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray M.D.

(Physician or midwife)

Address Malad Idaho

Filed 10-15 1919 D C Ray Registrar

314-118-036-493

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-6-17

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 75043

Primary Registration District No. 2069 Registered No. 117

FULL NAME OF CHILD Richard Cecil Camp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m		yes	Aug 18 1919

FATHER		MOTHER	
FULL NAME	Leo M. Camp	FULL MAIDEN NAME	Eunice Dilley
RESIDENCE	Malad, Idaho.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) D C Ray M.D.

(Physician or midwife)

Address Malad Idaho.

Filed Aug 20 19 19 D C Ray
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/14/41 L. B.

JAN 18 1984

Amended 3-31-59

PLACE OF BIRTH

418-22-4036-415

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Registration District No. 26 File No. 7504

Hospital ____ Primary Registration District No. 2069 Registered No. 118

FULL NAME OF CHILD Mabel May
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Aug. 24, 1919

What bacteriecidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Robert M. May	FULL MAIDEN NAME: Grace Davis
RESIDENCE: Malad, Ida.	RESIDENCE: Malad, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: N. C.	BIRTHPLACE: Malad, Ida.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

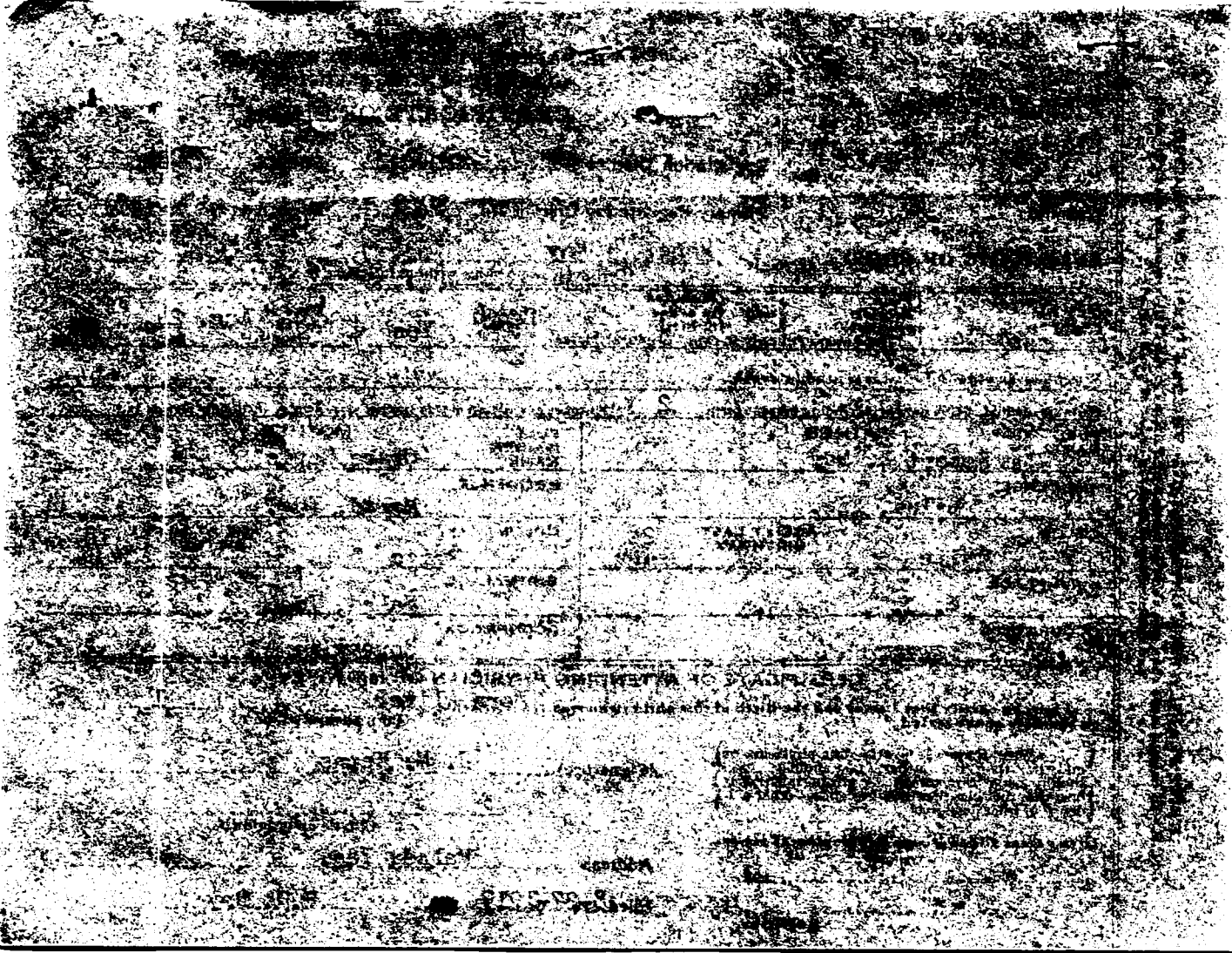
(Signature) J. M. Kerns

(Physician or midwife)

Address Malad, Ida.

Filed 8-27-1919 D.C. Ray
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Documents Listed On Back -

RECEIVED
MAR 19 1959
Bureau of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 75044

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed May (Name on Original Certificate) who born (Was Born or Died) on Aug. 23, 1919 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mabel May
Birth Date	August 23	Aug. 24

Subscribed and sworn to before me this 17th day of March 19 59

Geralda P. Smith

Notary Public, residing at Salt Lake City, Utah

My commission expires March 27, 1960

(Seal)

Signed Glenna M. Hayes

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2517 Redondo Ave, Salt Lake City Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of March, 19 59

Geralda P. Smith

Notary Public, residing at Salt Lake City, Utah

My commission expires March 27, 1960

(Seal)

Signed Iola J. May

(Signature of Any Credible Person)

9761 Forrest Drive, Sandy Utah

(Street Address, City, State)

FORM DPH 55.155 L 1-16-59. one copy pd.

Malad High School Individual Subject Report Card - English III, School year of 1937 - 1938 gives name as Mabel May - viewed by V.S.

Malad High School Individual Subject Report Card - American History, School Year of 1938 - 1939 gives name as Mabel May - viewed by V.S.

L.D.S. Certificate of Baptism & Confirmation, June 4, 1933 gives birthdate as Aug. 24, 1919, the child's name appears to have been altered - viewed by V.S.

Application to Sentinel Mutual Insurance Company - May 8, 1950 gives name as Mabel Tufts (wife of Karl E. Tufts) born Aug. 24, 1919 - viewed by V.S.

363-123-036-386

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]-17

Registration District No. 26

File No. 75045

Primary Registration District No. 2069

Registered No. 119

FULL NAME OF CHILD Thomas Colton

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug 23 1919 (Month) (Day) (Year)

FATHER

FULL NAME Morgan J Colton

RESIDENCE Malad

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Malad

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Millie Thorpe

RESIDENCE Malad

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Samaria

OCCUPATION Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed 8-30 1919 D. Gray

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

M-225-036-813

PLACE OF BIRTH

Amended 9-22-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 75046

Primary Registration District No. 2069

Registered No. 120

FULL NAME OF CHILD Edwin Grant Parry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Brigham E. Parry	FULL MAIDEN NAME	Edith Hatch
RESIDENCE	Malad, Idaho.	RESIDENCE	Malad, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Kay M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Idaho

Filed 10-16 1919

D C Kay
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1943

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 21 9 59 AM '81

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada } ss.
County of Clark }

Certificate No. 75046

Date Filed 7-20-81

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Grant Parry (Name on Original Certificate) who was born (Was Born or Died) on Aug 25, 1919 (Date of Event)
in Malad, Idaho (Oneida) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Attached affidavits (Bible Record, Insurance Policy, Etc.) prepared on October 15, 1979 & July 20, 1981 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	August 25, 1919	September 25, 1919
child's name	Grant Parry	Grant Edwin Parry
sex of child	female	male

Subscribed and sworn to before me this 16th day of September, 19 81

Notary Public: State of Nevada
CLARK COUNTY
(Seal) Bettie Johns
My Appointment Expires July 2, 1984

Notary Public residing at 4516 Amherst Ln., Las Vegas, Nv.
My commission expires 7-2-84

Signed Grant Edwin Parry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Clark }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of September, 19 81

Notary Public: State of Nevada
CLARK COUNTY
(Seal) Bettie Johns
My Appointment Expires July 2, 1984

Notary Public residing at 4516 Amherst Ln
My commission expires 7-2-84 Las Vegas, Nv. 89107

Signed Kim Gross
(Signature of Any Credible Person)

917 S. Decatur Blvd Las Vegas Nev 89107
(Street Address, City, State)

FORM DH-60-155

CL 11/3/77 ret'd $3 ck.

A Patriarchal Blessing shows name as Grant Edwin Parry, son of Brigham Edwin Parry and Edith May Hatch born September 25, 1919 at Malad, Idaho. Sealed April 6, 1942, in Obden, Utah, by A. A. Bingham, Patriarch.
Viewed by V.S.

SEP 22 1981

Certificate of Baptism and Confirmation gives name as Edwin Grant Parry son of Brigham E. Parry and Edith May Hatch, born September 25, 1919, at Malad, Idaho and Baptized December 4, 1927.
Viewed by V.S.

Amended 12-22-59
PLACE OF BIRTH
813-224-014-493

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Parma
No. ..... St.
Hospital .....

Registration District No. 3 File No. 75047
Primary Registration District No. 2007 Registered No. 86

FULL NAME OF CHILD Betty Lou Hall
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 24, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Charles G. Hall	FULL MAIDEN NAME	Rose Dillon
RESIDENCE	Parma - Rt. #1	RESIDENCE	Parma - Rt. #1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Chas. B. Allen, M.D.

..... (Physician or midwife)

Address .....

Filed Jan. 10, 1920 Lulu Waldrop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 75047

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hall (Name on Original Certificate) who born (Was Born or Died) on Sept. 24, 1919 (Date of Event) in E. Roswell Precinct (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Betty Lou Hall
Place of Birth	E. Roswell Precinct	Parma, Idaho

Subscribed and sworn to before me this 2nd day of Dec., 1959

Notary Public, residing at Los Angeles, Cal.
My commission expires July 8, 1963
(Seal)

Signed Mrs. Rose E. Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1217 Waterloo St. Los Angeles Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of Dec., 1959

Notary Public, residing at Los Angeles, Calif.
My commission expires July 8, 1963
(Seal)

Signed Charles G. Hall
(Signature of Any Credible Person)

1217 Waterloo St. Los Angeles Cal
(Street Address, City, State)

FORM DPH 55.155

CL 11-5-59. one copy pd. receipt #17190.

Statement from T.C. Bird, Superintendent of Boise, Idaho Schools states that according to their records Betty Lou Hall attended 1st Grade at the Lincoln School for the School year of 1925-26 at this time her age is listed as 5 years and 11 months viewed by V.S.

Another School Record, when she reentered in the Boise Schools, Lowell School on May 19, 1931 in 6th Grade - gives full name of child as Betty Lou Hall, born Sept. 24, 1919 at Parma, Idaho - viewed by V.S.

246-220-EX4-262

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Applewalley Precinct, Registration District No. 3 File No. 75048

No. ..... St. Primary Registration District No. 2007 Registered No. 87

Hospital .....

FULL NAME OF CHILD Ella Marie Brown

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.		yes.	Oct. 20 1912

FATHER	MOTHER
FULL NAME Sam P. Brown	FULL MAIDEN NAME Allie Boston
RESIDENCE ~~Ill.~~ Parma R.2	RESIDENCE Parma R.2.
COLOR W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Kans.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address .....

Filed Jan 10 1913 Lulu Waldron Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MAR 7 1972

693-227-014-796

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 75049
Local Reg. No. 88
Reg. Dist. No. 3

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parma Precinct
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): THELMA b. (Middle): c. (Last): WILDER

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): November 27, 1919

FATHER OF CHILD

7. FULL NAME a. (First): John b. (Middle): P. c. (Last): Wilder

8. AGE (At time of this birth): 33 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Michigan
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY: Farmer

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Alma b. (Middle): Blanche c. (Last): Gifford

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Alma Blanche Wilder Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Chas. B. Allen, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Jan. 10, 1920
22. REGISTRAR'S SIGNATURE: Lulu Waldrop
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE: born alive 3:00 A.M.
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Local Registrar and State Registrar are authorized to correct this certificate upon receipt of affidavits and other evidence as provided by law. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 4 1968

469-223-014-714

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75050

County of Canyon

City of Apple Valley Precinct Registration District No. 3 File No.

No. St. Primary Registration District No. 2007 Registered No. 89

Hospital

FULL NAME OF CHILD Wilma Katherine Morris

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.	—	—	yes.	Dec. 23 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Morris	Bertha Paul
RESIDENCE	Parma R. 2	Parma R. 2
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	48	39
BIRTHPLACE	Wash.	Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 a. M. on the date above stated.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address

Filed 1—10 1920 Lulu Waldrop Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1950

FEB 3 1943

132-123-014-293

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder Precinct

Registration District No. 8

File No. 75051

No. ..... St.

Primary Registration District No. 2007

Registered No. 90

Hospital .....

FULL NAME OF CHILD Wm. John. Albright

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	Oct 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis N. Albright	FULL MAIDEN NAME	Nel. Bibby
RESIDENCE	Parma R.I.	RESIDENCE	Parma R.I.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas B Allen MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1-10 1920 Lulu Waldrop

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1952

849-125-014-655

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 75052

No. ..... St.

Primary Registration District No. 2007 Registered No. 91

Hospital Home

FULL NAME OF CHILD Leonard L. Hurst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard L. Hurst	FULL MAIDEN NAME	Blanch Weeks
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Carlock Ill	BIRTHPLACE	Star Ida
OCCUPATION	Clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borck

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wilder Ida

Filed Jan. 9 1920 Ruby Waldrop
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

014-4

PLACE

Form V. [illegible] 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75053

County of Canyon

City of Wilder

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2007 Registered No. 92

Hospital Home

FULL NAME OF CHILD Cedric Cloys Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard B Johnson	FULL MAIDEN NAME	Rene Morris
RESIDENCE	Wilder	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Pipestone Minn	BIRTHPLACE	St James Minn
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Boach

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Wilder Ida

Filed Jan 9 1920 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1942

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. 3 No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75054

866-114-004-599

Registration District No. 33 File No. 412

No. ..... St.

Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD Vearlee Virgin Howell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
MALE ~~Female~~		yes	12 (Month) – 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William Alfred Howell	FULL MAIDEN NAME	Alicia Virgin
RESIDENCE	Fish Haven Ida.	RESIDENCE	~~Fish Haven~~ St. Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Fish Haven	BIRTHPLACE	~~Fish Haven~~ St Charles, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

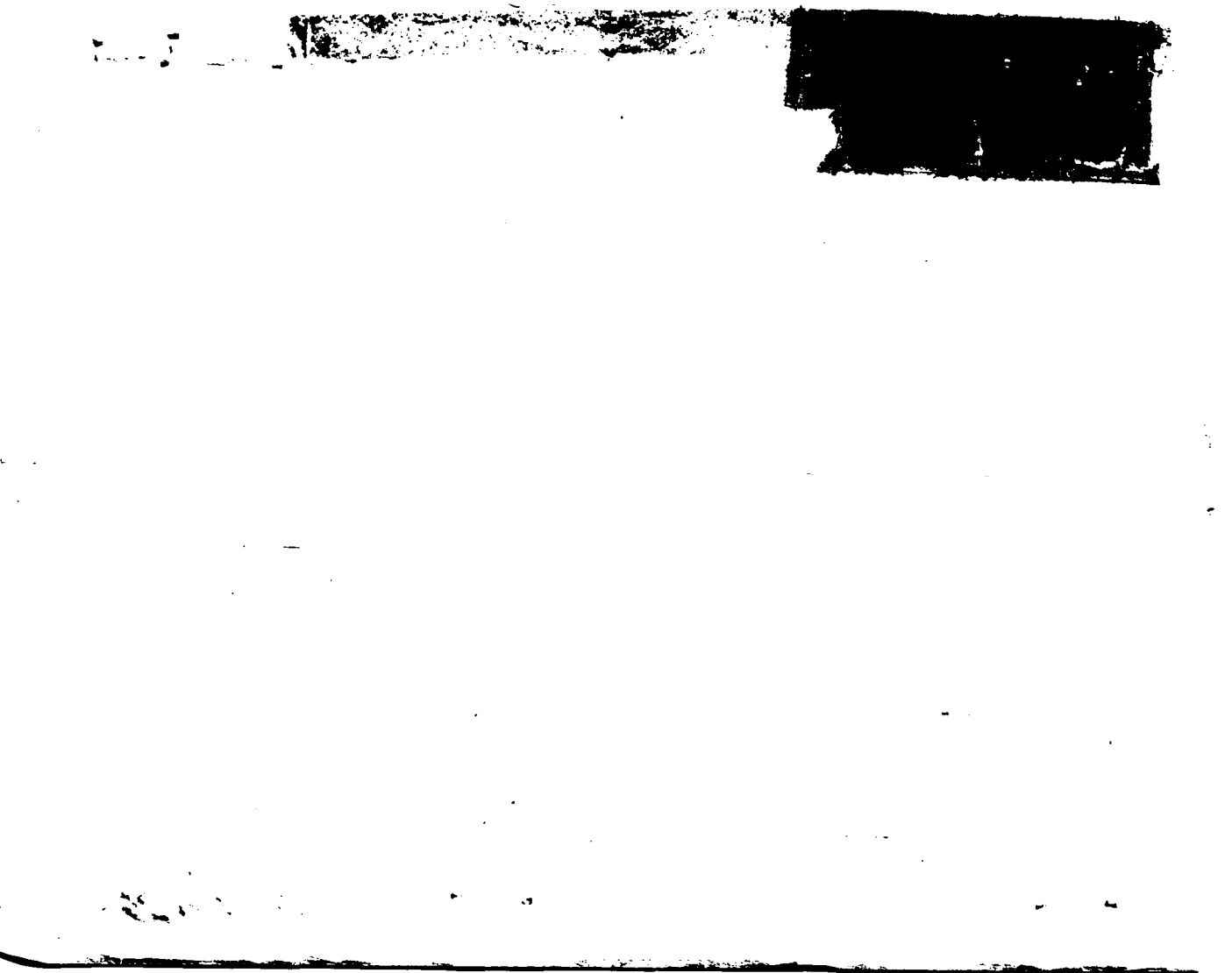
Address Paris Ida

Filed 12-10 1919 John [signature]

Registrar

Registrar

S-Y-CO. 38071



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

#75054

RECEIVED

JUL 29 1940

STATE OF Idaho)
) SS.
COUNTY OF Bear Lake)

AFFIDAVITS FOR CORRECTION OF A RECORD

Alicia V.Howell of Fish Haven, Idaho

Being first duly sworn, deposes and says that s he is mother
(if related, specify degree,

if friend or otherwise, so state) of Vearlee Virgin Howell

who was born in the city of Fish Haven, County of Bear Lake
(was born, died)

on the 14 day of Dec., 1919, as stated in a certificate of birth
birth or

death filed by R.J.Sutton M.D.
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Paris, Idaho, County of Bear Lake Idaho, on the 10 day of Dec. 1919.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Vearlee Virgin Howell (Female)

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows, Vearlee Virgin Howell is a Male child and mother was born in St. Charles, instead of Fish Haven as stated in birth certificate.

(SEAL)

Affiant x Alicia V. Howell

Address Fish Haven, Idaho

Subscribed and sworn to before me this 27 day of July 1940

Notary Public
Clerk, District Court

STATE OF Idaho)
) SS.
COUNTY OF Bear Lake)

Max T.Haddock of Paris, Idaho

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Max T. Haddock

Address Paris, Idaho

Subscribed and sworn to before me this 27 day of July 1940.

(Seal)

Notary Public
Clerk, District Court

OCT 1982

292-120-006-291

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 36 E. Bridge St.

Registration District No. 121

File No. 75055

Primary Registration District No. 1007

Registered No. 318

Hospital

FULL NAME OF CHILD Elaine Sibley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John H. Sibley	FULL MAIDEN NAME	Eva Brunson
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

N. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

.....

Registrar

Address Blackfoot Idaho

Filed Jan 7 19 20 Vera Walter E. Paine

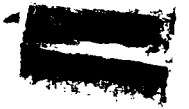
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



415-327-036-265 [redacted]

Form V. S. No. 11-G—2Mm-9-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 75056

Primary Registration District No. 2069 Registered No. 146

FULL NAME OF CHILD Virginia Manausa

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fr		yes	Oct. 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Farran Arthur Manausa	FULL MAIDEN NAME	Vendla Elizabeth Swenson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	~~[illegible]~~ 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Mechanic	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Idaho

Filed 10-30 1919 D C Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 11 1942

MAY 8 1957

SEP 20 1944

669-126-040-717

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Tamarack Mine Registration District No. 122 File No. 75057

No. ____ St. Primary Registration District No. 2200 Registered No. 154

Hospital ____

FULL NAME OF CHILD Lawrence Richard Worthington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Nov 26 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Richard Worthington	FULL MAIDEN NAME	Ida Papworth
RESIDENCE	Tamarack Mine	RESIDENCE	Tamarack Mine
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Filed Nov 29 1919 N. C. Mowery Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Certified Copy issued Dec. 26, 1940. E.W.

275-108-040-5-83

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke — Registration District No. 122 — File No. 75058

No. ____ St. — Primary Registration District No. 2200 — Registered No. 155

Hospital ____

FULL NAME OF CHILD Marion Sparkes

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	Dec 8 1919

FATHER		MOTHER	
FULL NAME	Amos Edgar Sparkes	FULL MAIDEN NAME	Emma Minnie Ehlers
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

(Signature) L B Stockbridge MD

(Physician or midwife)

Address ____

Filed Dec 12 19 H. C. Mowery
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

8-Y-CO 36071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/28/40 L. B.

253-116-040-243

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mace

No. ..... St.

Hospital .....

Registration District No. 122 File No. 75059

Primary Registration District No. 2200 Registered No. 156

FULL NAME OF CHILD Albert Edward Keller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	Dec 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward William Keller	FULL MAIDEN NAME	Eva Adeline Buchanan
RESIDENCE	Mace, Ida	RESIDENCE	Mace Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Michigan	BIRTHPLACE	Missouri
OCCUPATION	Miner	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 22 1919 H. C. Mowery Registrar

5-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-221-040-238

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mace

Registration District No. 122

File No. 75060

No. ....., ... St.

Primary Registration District No. 2200

Registered No. 157

Hospital .....

FULL NAME OF CHILD Anna Katharine Schmidt

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
F	One	—	Y	12 (Month) 21 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Schmidt	FULL MAIDEN NAME	Dena Schwartz
RESIDENCE	Mace	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Germany	BIRTHPLACE	Montana
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Burke Ida

Filed Jan 2 1920 H. C. Mowery Registrar

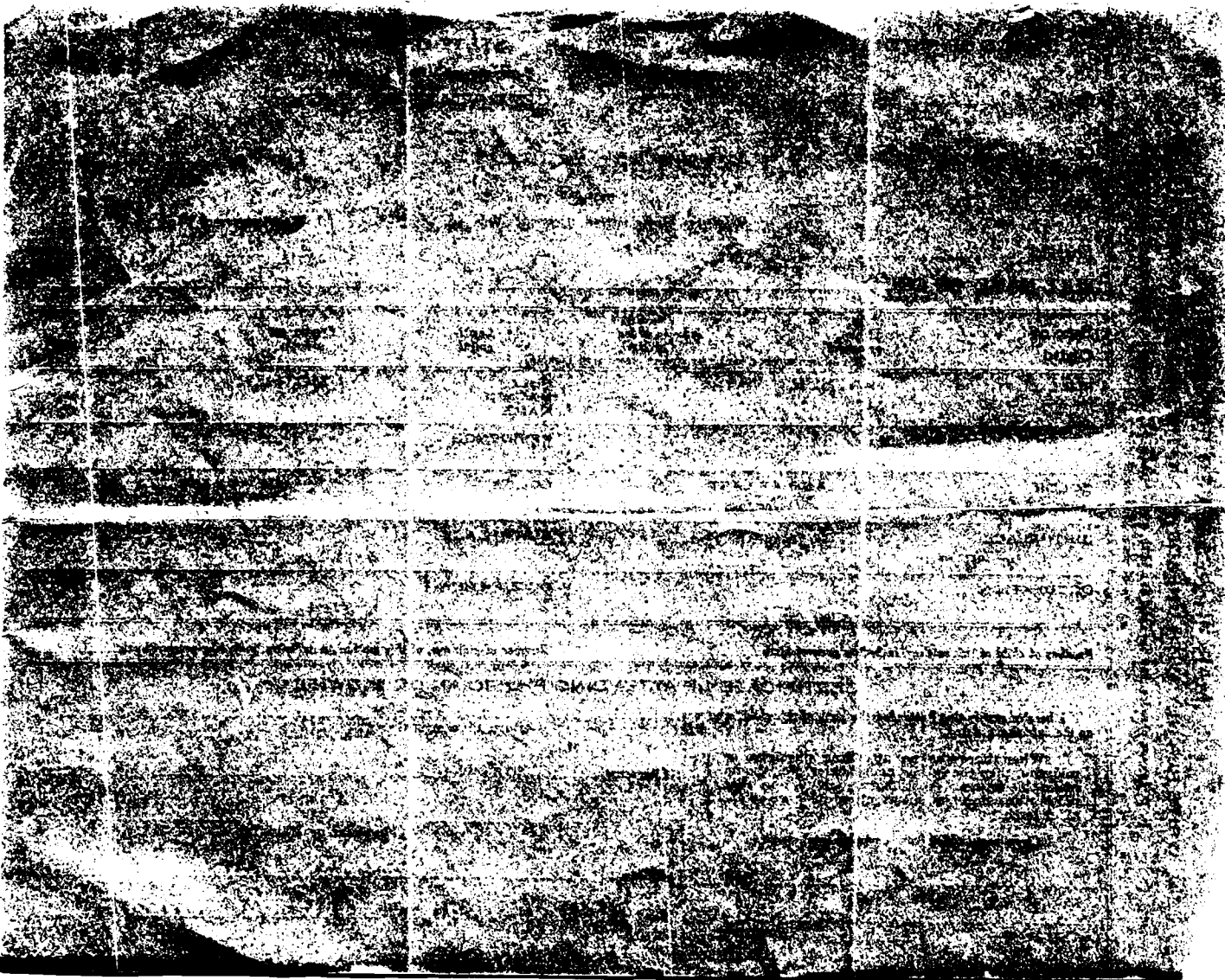
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



453-223-040-319

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Black Bear Registration District No. 122 File No. 75061

No. ....., ... St. Primary Registration District No. 2200 Registered No. 158

Hospital .....

FULL NAME OF CHILD Catherine Delgado

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
F	One		Yes	12 23 1919

FATHER		MOTHER	
FULL NAME	Luciano Delgado	FULL MAIDEN NAME	Jagua
RESIDENCE	Black Bear	RESIDENCE	Black Bear
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Section Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dellman

(Physician or Midwife)

Address Burke Ida

Given name added from a supplemental report

..... 19.....

Registrar

Filed Jan 2 1920 H C Mowery

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

962-125-040-619

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Pinehurst

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 75062

Primary Registration District No. 2290 Registered No. 189

FULL NAME OF CHILD Ural Freeman Robinson

Sex of Child: M | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 25 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME: Granville Freeman Robinson	FULL MAIDEN NAME: Lucille Leonora Ward
RESIDENCE: Pinehurst Ida	RESIDENCE: Pinehurst Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Tennessee
OCCUPATION: Timberman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr Mowery

Physicians

(Physician or midwife)

Address Wallace Ida

Filed Jan 29 1919

H. E. Mowery

Registrar

S-Y-CO 38071

386-130-006-569

[redacted]

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 116 File No. 75063

Primary Registration District No. 2195 Registered No. .....

FULL NAME OF CHILD Wendell Thornton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	2	Yes	Dec 30 1919

FATHER		MOTHER	
FULL NAME	Ira John Thornton	FULL MAIDEN NAME	Belle Norton
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address Aberdeen Ida

..... Registrar Filed 12-30 1919 M C MacKinnon Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AFFIDAVIT

THIS IS TO CERTIFIY THAT THE NAME OF WENDELL THORNTON BE PLACED ON HIS BIRTH RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS #75063. RECORD UNNAMED.

Mrs Bill Thornton

J Thornton

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC, ON THIS SEVENTEENTH DAY OF APRIL, 1941.

Rose A Haworth

MY COMMISSION EXPIRES Feb 15, 1943

Boise, Ida

DEC 9 1965

563-42-006-249

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75064

County of Bingham

City of Aberdeen — Registration District No. 116 — File No.

No. ..... St. — Primary Registration District No. 2155 — Registered No. 434

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Dec 12 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Cortez	Beatrice Guiley
RESIDENCE	Aberdeen Ida	Aberdeen Ida
COLOR	Mexican	Mexican
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Mexico	Mexico
OCCUPATION	Section hand on Railway	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was One child (Born alive or stillborn) at 10.50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M.D.
Physician
(Physician or midwife)
Address Aberdeen Ida

Given names added from a supplemental report.

....., 19.....
.....
Registrar

Filed Dec 15 1917 M. C. Mackinnon
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-206-006-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V

Registration District No. 116

File No. 75065

Primary Registration District No. 2195

Registered No. 433

FULL NAME OF CHILD MAXINE ELIZABETH HUNTER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	7	Dec 6 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Peter Hunter	FULL MAIDEN NAME	Mary Buckley
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Dec 9 1919 M. C. McKinnon

Registrar

Registrar

MAR 17-1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sacramento }

Certificate No. 75065

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Hunter (Name on Original Certificate) who was born (Was Born or Died) on 12/6/19 (Dec 6, 1919) (Date of Event) in Aberdeen (Place of Event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Hunter	Maxine Elizabeth Hunter
Maxine Elizabeth Hunter		

Subscribed and sworn to before me this 12th day of March, 1942.

Robert W. McConnachie
Notary Public, residing at Sacramento, Calif.
My commission expires 4/29/44 April 29, 1944
(Seal)

Signed (Mrs) Mary Hunter (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

711-O-Street, Sacramento, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento, Calif. }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March 1942

Robert W. McConnachie
Notary Public, residing at Sacramento, Calif.
My commission expires April 29, 1944
(Seal)

Signed John P. Hunter Father
(Signature of Any Credible Person Other Than Previous Year)

711-O-Street Sacramento Calif.
(Street Address, City, State)

MAR 24 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 28065

Sta. ____ } ss.

County of ____ Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or Death)

for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event)

in ____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date) are:

FACTS TO BE CORRECTED (Name, Place, Date, "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Hunter	Maxine Elizabeth Hunter

Subscribed and sworn before me this ____ 19__

Signed ____ (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Public, residing at ____ (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Sta. ____ } ss.

[This Affidavit MUST Be Executed. See Chapter 139, 1937 Id. Regression Laws.]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are to the best of his knowledge.

Subscribed and sworn before me this ____ 19__

Signed ____ (Signature of Any Credible Person Other Than Previous Year)

Public, residing at ____ (Street Address, City, State)

My commission expires ____ (Seal)

386-230-006-569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

75066

Registration District No. 116 File No. 9

Primary Registration District No. 2195 Registered No. 435

FULL NAME OF CHILD Wendola Thornton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Twin		1	yes	Dec 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	(M) Ira ~~Harry~~ John Thornton	FULL MAIDEN NAME	Belle Norton
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCuerkinnon M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen Ida.

Filed 12-30 1919 M. C. McCuerkinnon

Registrar

Registrar

FEB 23 1968

AFFIDAVIT

THIS IS TO CERTIFY THAT THE NAME OF WENDOLA THORNTON BE PLACED ON HER BIRTH RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS #75066. RECORD UNNAMED.

Mrs Belle Thornton

L J Thornton

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC, ON THIS SEVENTEENTH DAY OF APRIL, 1941.

Ross A Haworth

MY COMMISSION EXPIRES ~~Feb 15, 1943~~

Boise, Idaho.

285-105-042-785

PLACE OF BIRTH

[redacted] BUREAU [redacted] STATISTICS

Form V. S. No. [illegible]C—25m-7-21-19

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36 File No. 75067

No. ..... St.

Hospital Home

Primary Registration District No. ..... Registered No. 81

FULL NAME OF CHILD Donald William Shewmaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec. 5 1919

FATHER	MOTHER
FULL NAME: James H. Shewmaker	FULL MAIDEN NAME: Maude F. Green
RESIDENCE: Kimberly, Idaho.	RESIDENCE: Kimberly, Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Kentucky	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 A.M., on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) J. M. Davis

Physician

(Physician or midwife)

Address Kimberly Idaho

Filed Dec 15 1919 J. M. Davis

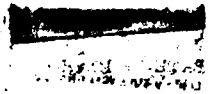
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



JUN 22 1983

249 - 207-042-65-9

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 36

File No. 75068

No. ..... St.

Primary Registration District No. .....

Registered No. 82

Hospital Home

FULL NAME OF CHILD Mary Isabella Katherine Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec 7 19 19

FATHER	MOTHER
FULL NAME: James Irwin Smith	FULL MAIDEN NAME: Agnes E. Weitzel
RESIDENCE: Hansen	RESIDENCE: Hansen
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Penn.	BIRTHPLACE: Penn.
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) J. M. Davis

Physician (Physician or midwife)

Address Kimberly Idaho

Filed Dec 17 1919 J. M. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-211-042-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

Hospital Home

Registration District No. 36 File No. 75070

Primary Registration District No. ..... Registered No. 84

FULL NAME OF CHILD Vivian Marjory Kelley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William W. Kelley	FULL MAIDEN NAME	Maude Lois Williams
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Washington
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

Physician (Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec 20 1919 J. N. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 28 1970

JUN 23 1970

FORM V. S. NO. 27B. 5M-12-1

...TE OF IDAHO

75070

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

RECEIVED
BUREAU OF VITAL STATISTICS

Place of Birth

City Hansen

Street and House No.

County Twin Falls

Registered No. 84

Registration Dist. No. 36

Sex of Child Female

Date of Birth Dec. 11 1919
MONTH DAY YEAR

Father William W. Kelley
FULL NAME

Mother Maud De Williams
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Vivian Marjorie Kelley
GIVEN NAME IN FULL SURNAME

as reported by W. W. Kelley
FATHER OR MOTHER

LOCAL REGISTRAR

Dist...

S 92 -212-042-363

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 75071

Primary Registration District No. ..... Registered No. 85

FULL NAME OF CHILD Ruth Egbert

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec. 12 1919

FATHER	MOTHER
FULL NAME: Albert L. Egbert	FULL MAIDEN NAME: Lydia Ann Tolman
RESIDENCE: Murtaugh	RESIDENCE: Murtaugh
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. M. Davis

Physician

(Physician or midwife)

Address Kimberly Idaho.

Filed Dec 20 1919

J. M. Davis

Registrar

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH
39-121-042-853

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

Registration District No. 36 File No. 75072

No. ____ St.

Primary Registration District No. ____ Registered No. 86

Hospital home

FULL NAME OF CHILD Thomas Allen Terrill

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec. 21, 19 19

FATHER	MOTHER
FULL NAME: Frank Terrill	FULL MAIDEN NAME: Georgia Ann Helton
RESIDENCE: Murtaugh, Ida.	RESIDENCE: Murtaugh, Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: New Mexico
OCCUPATION: Rancher	OCCUPATION: Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:20 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. M. Davis

Physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Dec 31 19 19 J. M. Davis
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 3 1975

SEP 1 8 1982

683-124-042-713

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Hansen

Registration District No. 36

File No. 75073

No. ..... St.

Primary Registration District No. .....

Registered No. 87

Hospital home

FULL NAME OF CHILD Wayne Mason Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec. 24 1919

FATHER	MOTHER
FULL NAME: Earl Newland Williams	FULL MAIDEN NAME: Myrtle Patient
RESIDENCE: Hansen, Ida.	RESIDENCE: Hansen, Idaho.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Penn.	BIRTHPLACE: Ill.
OCCUPATION: Blacksmith	OCCUPATION: HW..

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4-18 A M. on the date above stated.

(Signature) J M Davis

Physician
(Physician or midwife)

Address Kimberly, Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 31 19 19 J M Davis

Registrar

SEP 10 1951

SEP 11 1951

231-128-042-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. ..... St.

Registration District No. 36 File No. 75074

Primary Registration District No. ..... Registered No. 88

Hospital home

FULL NAME OF CHILD Joseph Frank Stastney

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec. 28 19 19

FATHER	MOTHER
FULL NAME: Joseph Stastney	FULL MAIDEN NAME: Sophia Harlik
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Austria	BIRTHPLACE: Austria
OCCUPATION: Farmer	OCCUPATION: H. w.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Doctor Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 30 1919 J. M. Davis

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1970

MAY 5 1955

468-127-042-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

Registration District No. 36

File No. 75075

No. ..... St.

Primary Registration District No. .....

Registered No. 89

Hospital home

FULL NAME OF CHILD Albern Allanson Moyes

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec. 27 1919

FATHER	MOTHER
FULL NAME: Ray Vernal Moyes	FULL MAIDEN NAME: Nettie Clouding Walton
RESIDENCE: Murtaugh, Ida.	RESIDENCE: Murtaugh, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:10 AM. on the date above stated.

(Signature) J M Davis

physician
(Physician or midwife)

Address Kimberly, Idaho.

Filed Dec 3/19 19 J M Davis
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1953

238-227-014-95-6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Mercy

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-5-17

Registration District No. 7

File No. 75076

Primary Registration District No. 2006

Registered No. .....

FULL NAME OF CHILD Lenora Evelyn Schomberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			yes.	Nov. 27, 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. A. Schomberg.	FULL MAIDEN NAME	Cecil Gladys Rafferty
RESIDENCE	Nampa	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 1:40 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Kellogg

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 10 1918 Pearle D. Dodds

Registrar

[redacted]

APR 16 1951

293 - 115 -
014 - 244

PLACE OF BIRTH [redacted]

Form V. S. No. 11—25m-6-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 15 - 9 ave so. St.

Hospital

Registration District No. 7 File No. 75077

Primary Registration District No. 1006 Registered No.

Full Name of Child William Robert Sites

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Nov 15 19 19

FATHER		MOTHER	
FULL NAME	John H. Sites	FULL MAIDEN NAME	Maggie Summers
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present b[redacted] Number of children of this mother now living, including present birth 5

CERTIFICAT[redacted] ING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this ..... on the date above stated. (Born alive ~~or stillborn~~) at 9 A M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. .....)

Dr. H. P. Ross (Physician or ~~midwife~~)

Given names added from a supplemental report ..... 19..

Nampa Ida

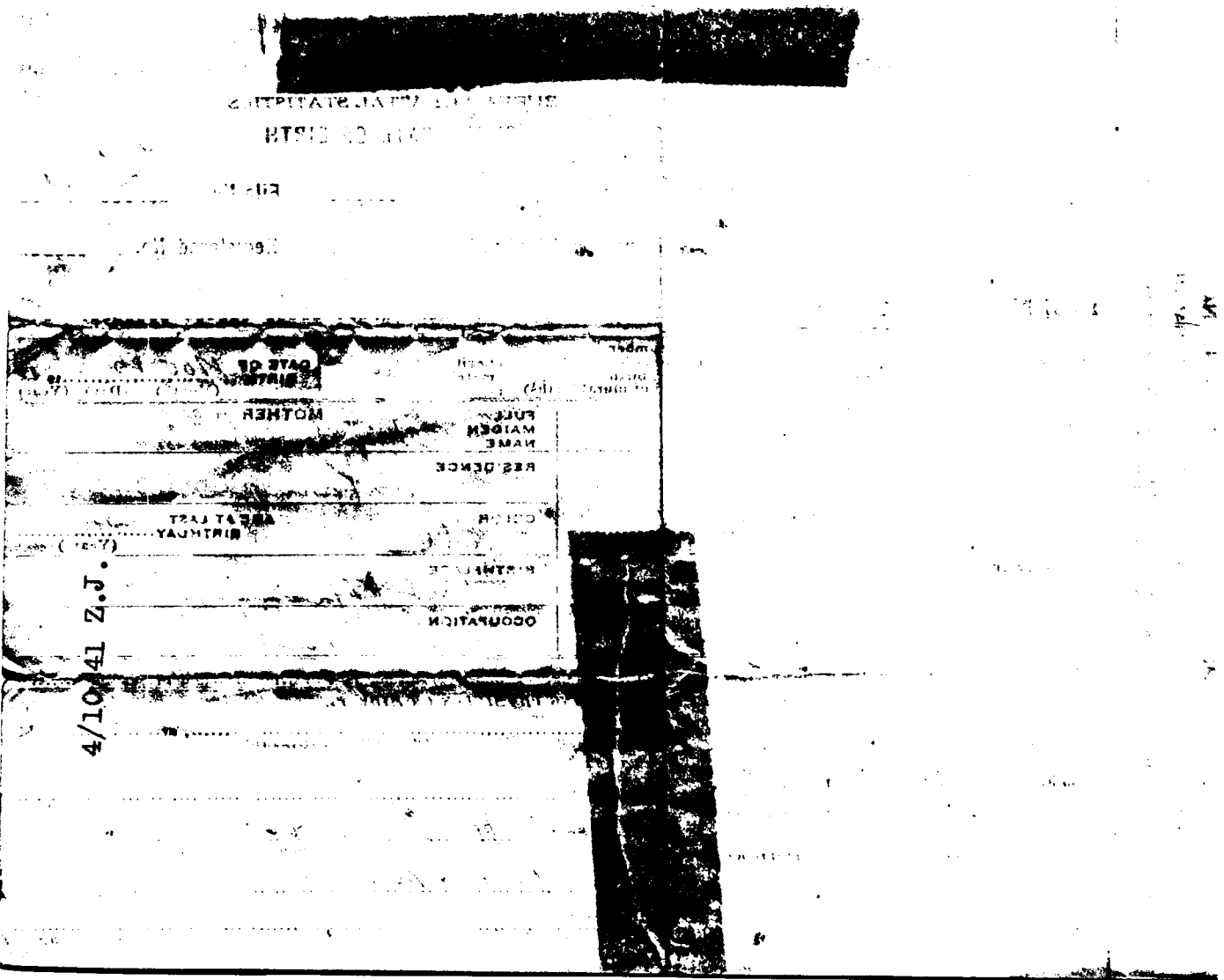
Dec 15 19 19 Pearle Dodds

Registra[redacted] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


4/10/41 Z.J.

469-225-014-6.82

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Deer Flat

Registration District No. 1

File No. 75078

No. ____ St.

Primary Registration District No. 1004

Registered No. ____

Hospital ____

FULL NAME OF CHILD ERMA IRENE MORGAN Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Dec 25 1919

	FATHER	MOTHER
FULL NAME	W. E. Morgan	Emma F. Fischer
RESIDENCE	Deer Flat	Deer Flat
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	58	42
BIRTHPLACE	Indiana	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

(Signature) Geo. K. Proctor

(Physician or midwife)

Address ____

Filed Dec 26 1919 Pearle Dodds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO 38071

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 75078

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec 25, 1919 (DATE OF EVENT)

in Deer Flat, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Erma Irene Morgan

Subscribed and sworn to before me this 13 day of April, 1942

N. B. Joy

Notary Public, residing at Boise, Ida.

My commission expires 7/14/1945

(SEAL)

Signed Mrs Emma Fisher Morgan

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

466-234-014-666

amended 1/9/79

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 75079

No. _____ St.

Primary Registration District No. 1006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Elsie I. Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.				YES	DEC. 31 1919

FATHER		MOTHER	
FULL NAME	Finis H. Moore	FULL MAIDEN NAME	Hannie Wood
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

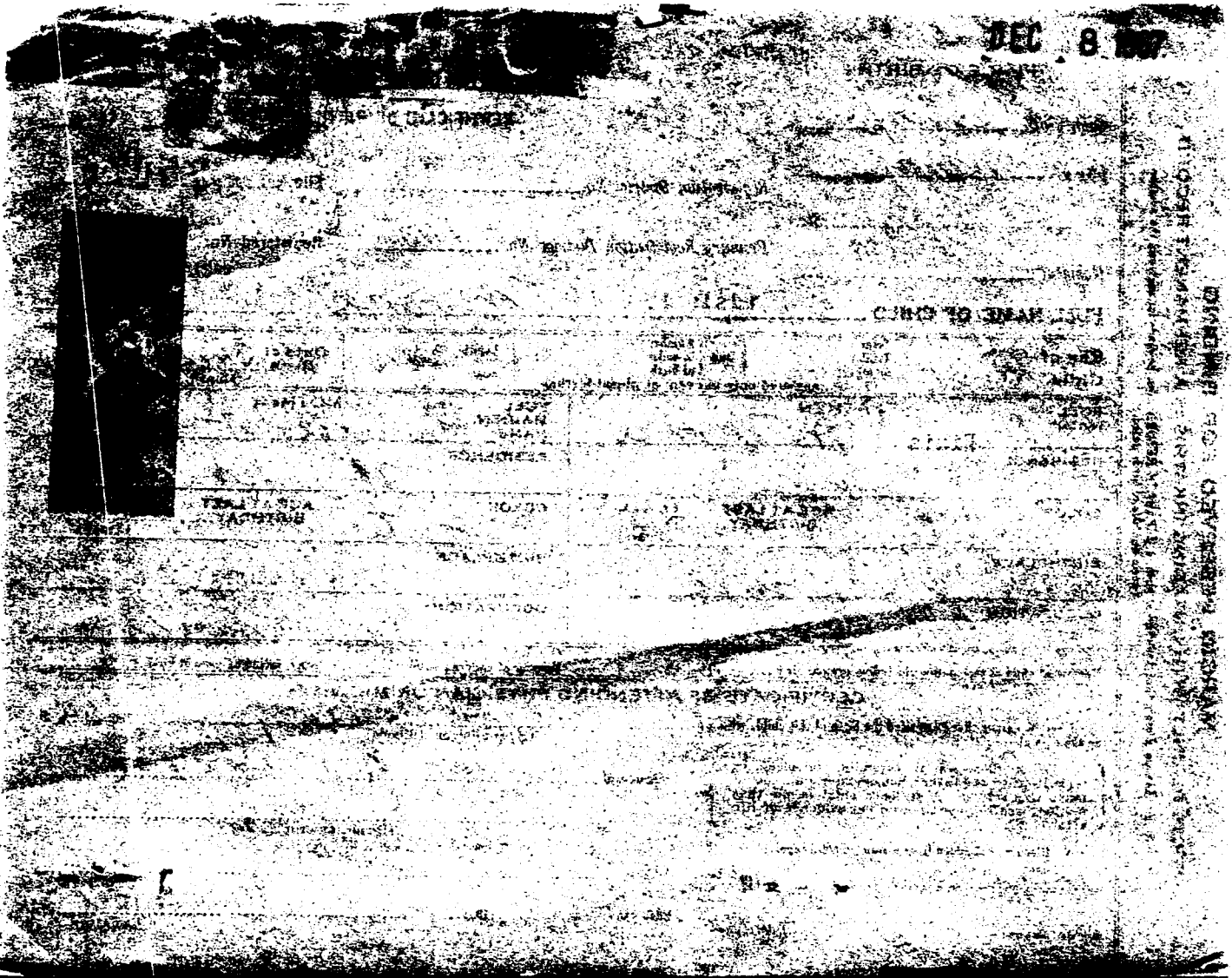
Filed DEC. 31 19 19 Pearle Dodds Registrar

B-Y CO. 24088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED Certificate No. 75079

County of ..... NOV 2 0 1970 Date Filed .....

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Moore (Name on Original Certificate) who was born (Was Born or Died) on December 20, 1919 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Elsie Irene Moore
Father's Name	Frank H. Moore	Finis H. Moore
Child's Date of Birth	December 30, 1919	December 31, 1919

Subscribed and sworn to before me this 28th day of October, 1970

E. R. Phillips

Notary Public, residing at Castroville, Calif;

My commission expires 12/8/70

(Seal)

Signed Finis H Moore

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

11401 Geil St; Castroville, Calif;

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Monterey

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1970

E. R. Phillips

Notary Public, residing at Castroville, Calif;

My commission expires 12/8/70

(Seal)

Signed X I C Moore

(Signature of Any Credible Person)

11361 Crane St Castroville Calif

(Street Address, City, State)

FORM DH 60-155

CL. 4-4-68. nm

Family bible record lists father as Finis Moore. It lists Elsie I. Moore, born December 31, 1919, under children. Obviously old. JAN 10 1979
viewed by vs Jan. 9, 1979

Family record, a marriage certificate and record of children's births and marriages, lists father as Finis Moore. Under children, Elsie I. Moore, born December 31, 1919, is listed. obviously old.
viewed by vs Jan. 9, 1979

Newspaper article, dated Tuesday, March 19, 1963, Salinas, CA, lists Mr. and Mrs. Finis H. Moore 50th anniversary party report.
viewed by vs Jan. 9, 1979

Father's birth certificate lists name as Finis Harvey Moore, born July 8, 1894, in Missouri. Filed March, 1942. Copy dated March 17, 1942.
viewed by vs Jan. 9, 1979.

Ninth grade report card lists name as Elsie Moore, March 29, 1935. Signing parent is Finis Moore.
viewed by vs Jan. 9, 1979.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 291-130-014-5-44 St.

Registration District No. 7 File No. 75080

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD James Clinton Bradshaw

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stanley C. Bradshaw	FULL MAIDEN NAME	Pearle May Emmerson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec. 31 1919 Pearle Dodds

Registrar

S-Y-CO 38071

AMERICAN RED CROSS

LA GRANDE, OREGON

HOME SERVICE SECTION
J. H. PEARE, CHAIRMAN
FAY T. CATLIN, EXECUTIVE SEC.

September 27, 1921.

Department of Public Welfare,
State of Idaho,
Boise, Idaho.

Gentlemen:

Will you kindly send us certified copy of the Birth Certificate of James Clinton Bradshaw, born at Namp, Idaho, December 30, 1919. The parents are Stanley C. Bradshaw, father and Pearl Emerson Bradshaw, mother.

I herewith inclose a check for $.50 to cover the cost of this copy.

Thanking you, I am

Sincerely,

Fay T. Catlin
Executive Secretary.
By L. Lilly

15080

RECEIVED
SEP 29 1921
BUREAU OF VITAL
STATISTICS

P.C. 6/24/41

195-130-014-734

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 900. 18th Ave. S.

Hospital No.

Registration District No. 7

Primary Registration District No. 1006

File No. 75082

Registered No.

Full Name of Child Joseph W. Azevedo

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		13	yes	Dec 30 1919

	FATHER	MOTHER
FULL NAME	Manuel Azevedo	FULL MAIDEN NAME Martha Gluch
RESIDENCE	900. 18. ave S.	RESIDENCE 900. 18th ave S
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years) 45
BIRTHPLACE	Portugal	BIRTHPLACE Germany
OCCUPATION	Sheep business	OCCUPATION House wife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Robinson

(Physician or midwife)

Address

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Jan 10 1920 Pearle Dodds Registrar

FEB 29 1952

456-114-014-967

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 510. 15 ave S

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 75083

Primary Registration District No. 1006 Registered No.

Full Name of Child Robert W. Meffan

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		3	yes	Dec. 14, 1919

FATHER

FULL NAME: Geo. A. Meffan

RESIDENCE: 510. 15th Ave S.

COLOR: W. AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Ontario Canada

OCCUPATION: Real Estate.

MOTHER

FULL MAIDEN NAME: Edna M. Rodgers

RESIDENCE: 510. 15th Ave S.

COLOR: W AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Nampa Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Robinson

(Physician or midwife)

Address

Given names added from a supplemental report

....., 19....

Registrar

Filed Jan 10 1920 Pearle Dodds

Registrar

JUN 25 1971

JAN 4 - 1954

443-127-014-698

PLACE OF ~~BIRTH~~

Form U. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon,

City of Nampa.

No. ____ St.

Registration District No. 7 File No. 75084

Primary Registration District No. 1086 Registered No. ____

Hospital ____

FULL NAME OF CHILD ROBERT ELLSWORTH Dutton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 27 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. E. Dutton	Sarah E. Fry
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	26
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Dry Cleaner	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 40 A. M. on the date above stated.

(Signature) J. B. Smith M.D.

(Physician or midwife)

Address ____

Filed Jan 10 1920 Pearle Dodds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Chelan }

OCT 20 1941

Certificate No. 75084
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)

for (Name on original certificate) who (Was born or died) on (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Dutton	Robert Ellsworth Dutton

Subscribed and sworn to before me this 17 day of Oct, 1941

Dorothy Snodgrass
Notary Public, residing at Wenatchee

My commission expires Aug 28, 1942

[SEAL]

Signed Mrs. F. E. Dutton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

312 Savings & Loan Bldg
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Chelan }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of Oct, 1941

Dorothy Snodgrass
Notary Public, residing at Wenatchee

My commission expires Aug 28, 1942

[SEAL]

Signed Mrs. F. E. Dutton
(Signature of any credible person other than the previous affiant.)

312 Savings & Loan Bldg
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 4 1971

365-218-064-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 75085

No. ____ St.

Primary Registration District No. 1006

Registered No. ____

Hospital Sisters of Mercy

FULL NAME OF CHILD Frances Elizabeth Conley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 18 1919

FATHER

FULL NAME Lawrence Conley

RESIDENCE Nampa Idaho

COLOR White

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Nebraska

OCCUPATION Bookkeeper

MOTHER

FULL MAIDEN NAME Maggie Gudeson

RESIDENCE Nampa Idaho

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was F B Smith M D at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

(Physician or midwife)

Address .....

Filed Jan 10 1920 Pearle Dodds Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 11 1952

FEB 19 1943

235-213-014-295

PLACE OF BIRTH

County of Canyon

City of Nampa

6th St. + 5th Ave NO

No. C. King, Res St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 75086

Primary Registration District No. 2006

Registered No.

Full Name of Child Thelma Pauline Stephenson

SEX OF CHILD: Female	Twin, Triplet or other? — (To be answered only in event of plural births) and Number in order of birth —	Legitimate? Yes	DATE OF BIRTH: 12 (Month) 13 (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Chas M. Stephenson	FULL MAIDEN NAME: Emma Lou King
RESIDENCE: 2 miles So. of Nampa Ida	RESIDENCE: 2 miles So. of Nampa Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 10 1926 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1942

866-211-014-345

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 75087

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Mildred Hoofnagle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	I. V. Hoofnagle	FULL MAIDEN NAME	Mina Lundy
RESIDENCE	Nampa Ida. R. 4	RESIDENCE	Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith M. Dr

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 10 1920 Pearle Dodds

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1942

JAN 4 1944

DECEASED

866-131
014 PLACE OF BIRTH [redacted] n V. S. No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 75088

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Chas Benton Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec-31 1919

FATHER

FULL NAME Chas E. Howard

RESIDENCE Nampa

COLOR U.S. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Ladue Mo

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Marion C. Benton

RESIDENCE Nampa

COLOR U.S. AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Los Angeles Cal

OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

(Signature) Thos E. Maupin

(Physician or midwife)

Address Nampa Idaho

Filed Jan 10 1920 Pearle Dodds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 29 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-127-014-35-6

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital Mercy

Registration District No. 7

File No. 75089

Primary Registration District No. 2006

Registered No. _____

Full Name of Child Arthur Ned Parr

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Dec (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chadwick M Parr	FULL MAIDEN NAME	Theo Lewis
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Montana	BIRTHPLACE	Colorado
OCCUPATION	Hay Buyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. McLellan

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address _____

Filed Jan 10 1920 Pearle Dodds Registrar

713-23-014-663

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital Mercy

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 75090

Primary Registration District No. 2006 Registered No. _____

Full Name of Child Leolla Loraine Patton

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
girl	X		1	yes	Dec 31 1919

FATHER		MOTHER	
FULL NAME	John Patton	FULL MAIDEN NAME	Ethel Wolf
RESIDENCE	Hill city - Idaho	RESIDENCE	Hill City Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.35 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Murray M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Jan. 10 1920 Pearle Dodds Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

Certificate No. 75090

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Patton (Name on Original Certificate) who was born (Was Born or Died) on Dec. 31, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Patton	Leolla Loraine Patton

Subscribed and sworn to before me this 18th day of March, 1942

Notary Public, residing at Payette, Idaho

My commission expires Sept. 10, 1945
(Seal)

Signed Edith Patton (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of ~~March~~ April, 1942

Notary Public, residing at Payette, Idaho

My commission expires Sept 10, 1945
(Seal)

Signed John Patton
(Signature of Any Credible Person Other Than Previous Year)

Payette, Idaho
(Street Address, City, State)

15 1942

PLACE OF BIRTH
343-101-014-249

City

County of Canyon

City of Nampa

No Cor 24th + 3rd St. S.

Hospital x

Form [illegible] S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 75091

Primary Registration District No. 1006

Registered No.

Full Name of Child BOB BURNS Lucas

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Boy	x		x	yes	Dec 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. S. Lucas	FULL MAIDEN NAME	Lillian Burns
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Murray
M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Nampa Idaho

Filed Jan 10 1920 Pearle Dodds
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }ss.
County of Sacramento }

Certificate No. 75091

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lucas (Name on Original Certificate) who Born (Was Born or Died) on Dec 12th 1919 (Date of Event)
in Nampa Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Name to be supplied. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Lucas	Bob Burns Lucas

Subscribed and sworn to before me this 28th day of February, 1942

Edna S. Fisher
Notary Public, residing at 1515 Arcade Blvd.
My commission expires January 31st 1944
(Seal)

Signed Ulysses S. Lucas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT 7 Box 3972 Sacramento, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 6 1942

JAN 15 1959

133-213
014
Father [redacted]

County of [redacted] fc

City of Nampa

No. R.B. No 1 ~~St.~~

Hospital –

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 75092

Primary Registration District No. 2006 Registered No.

Full Name of Child Ellen May Allen

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Girl	X		X	Yes	Dec 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Vinson Agrippa Allen	Effie Smith
RESIDENCE	Nampa Idaho	Nampa Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	35
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed Jan 10 1920 Pearle Dodds
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

G

VENT RECORD

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 10 4 1, PM '84

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 75092

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ellen May Allen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 15, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's name	A.G. Allen	Vinson Agrippa Allen

Subscribed and sworn to before me this 12 day of May, 1959.
Mrs. Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1960
(Seal)

Signed Effie R. Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
231 High St Nampa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

10,000 Dup. 8

2 documents that gives father's full name

Marriage licens and certificate of father gives name as Vinson Agrippa Allen married to Effie R. Smith on November 16, 1902. Marriage certificate issued James Hart, Recorder in Bear Lake County, Idaho.
Viewed by V.S.

Obituary of father lists name as Vinson Agrippa Allen. Born Dec. 22, 1875 and at age 83.
Viewed by V.S.

Social Card for the father gives name as Vinson Agrippa Allen, Card issued 1938 by S. S. Adm. # 519 24 7002
Viewed by V.S.

795-119-014-755

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

V. S. No. 11—25m-6-15-18

Registration District No. 7 File No. 75093

Primary Registration District No. 2006 Registered No. ——

Full Name of Child Billy Prescott

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Dec (Month) 19 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	John H Prescott	FULL MAIDEN NAME	Nancy Pendleton
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J McLean M D

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

..... Registrar

Address .....

Filed Jan 10 1920 Pearle Dodds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1969

APR 30 1942

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-203
014-666

country

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R. F. D. St.

Hospital X

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 75094

Primary Registration District No. 2006 Registered No.

Full Name of Child Pearl H. Lane

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl	X	X	yes	Dec 3 1919

FATHER		MOTHER	
FULL NAME	J. E. Lane	FULL MAIDEN NAME	Anna Wood
RESIDENCE	Nampa R. F. D.	RESIDENCE	Nampa R. F. D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Filed Jan 10 1920 Pearle Dodds Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. N-09

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
middle name	Pearl Lane	Pearl Hazel Lane

Subscribed and sworn to before me this 8th day of Feb, 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47

(SEAL)

Signed x Annie Lane

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 1 1943

455-109-014-813

PLACE OF BIRTH

City

County of Canyon

City of Nampa

No. ---- St.

Hospital Mercy

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 — File No. 75095

Primary Registration District No. 1006 — Registered No. ____

Full Name of Child Devoss

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	x	x	yes	Dec 9 1919

FATHER		MOTHER	
FULL NAME	John Devoss	FULL MAIDEN NAME	Angelin Hall
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Mo.	BIRTHPLACE	Mich.
OCCUPATION	Father	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 — Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed Jan. 10 1920 Pearle Dodds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

319-214-014-43 Amended 8-12-81

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of R. F. D. Nampa

No. — R St.

Hospital Mercy

Country

Form V. S. No. 11—25m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 75096

Primary Registration District No. 2006 Registered No.

Full Name of Child xArlyss Jean Carlberg

SEX OF CHILD	Twin, Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
girl	x	x	yes	Dec 14 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John a Carlberg	Emma F McCumber
RESIDENCE	nampa Ida	nampa Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White 36	White 29
BIRTHPLACE	Nebraska	S. Dakota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Murray M. D.

(Physician or midwife)

Address nampa Idaho

Filed Jan 10 1920 Pearle Dodds Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

6-15-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Rec'd July 6, 1981

Certificate No. 75096
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Carlberg (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-13-19 (Date of Event)

in Nampa (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Arlyss Jean Carlberg
date of birth	12-13-19	12-14-19

Subscribed and sworn to before me this 18th day of June, 19 81.

Notary Public, Nancy Christensen

Residing at Mountain Home, Idaho

My commission expires January 10, 1985

(Seal)

Arlyss Jean Carlberg Bastida
Signature of Applicant

1660 Sunset Strip Mtn. Home, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of June, 19 81.

Notary Public, Nancy Christensen

Residing at Mountain Home, Idaho

My commission expires January 10, 1985

(Seal)

Margaret L Menuez
Supporting Signature

RR #1 Box 620 Mtn Home Id
Street Address, City, State

10 cpy # 7292.

AUG 12 1981

Indentification card from the U.S Coast Guard issued July 16, 1942.date of birth Dec Dec 14, 1919 in Nampa, IDaho. gives nameas Arlyss Jean Rypkema. viewed by V. S.

Diploma from Mountain Home High School gives name as Arlyss J. Carlberg. dated May 21, 1937 viewed by V. S.

statement from Elmore Memorial Hospital dated 6-16-76 states Arlyss Bastida, born Nampa on 12-14-19. Viewed by V.S.

Bible records original obviously old shows Arlyss Jean Carlberg born 12-14-19 at the Mercy Medical Hospital Nampa, ID 2:30 P.M. Viewed by V.S.

696-211-014-344

Amended 4-5-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 75097
Local Reg. No.
Reg. Dist. No. 7

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nampa
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nampa
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Maude
b. (Middle): Elizabeth
c. (Last): Fifer

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 11, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Oscar
b. (Middle):
c. (Last): Fifer

8. AGE (At time of this birth): 42 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ames, Kansas

10. USUAL OCCUPATION: Minister

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Cora
b. (Middle): May
c. (Last): Cummings

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kirwin, Kansas

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Thos. E. Mangum, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Nampa, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 27, 1920

22. REGISTRAR'S SIGNATURE: Pearle Dodds

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 23 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 75097

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Maud Elizebeth Fifer (Name on Original Certificate) who was born (Was Born or Died) on Nov. 12, 1919 (Date of Event) in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Maud Elizebeth Fifer	Maude Elizabeth Fifer
[illegible]	Nov. 12, 1919	November 11, 1919

Subscribed and sworn to before me this 13 day of February, 1967

Signed Lydia C. Trott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Los Angeles

My commission expires .....

FRANCES B. CLARK
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 1967

Signed Fleta G. Taylor

Mabel E. Betzsold

Notary Public, residing at ~~[illegible]~~ 202 Beech St Anaheim

My commission expires 10-30-67

(Seal)

MABEL E. BETZSOLD
NOTARY PUBLIC - CALIFORNIA
COUNTY OF ORANGE

(Street Address, City, State)

FORM DH 60-155 CL 4-6-62. nm

Statement from Los Angeles City School Districts, dated Feb. 2, 1967, Hermon School, Sept. 9, 1929 to Jan. 31, 1930, gives full name of student as Maude Fifer, born November 11, 1919 in Idaho-parent: Oscar Fifer - Stateof California - viewed by V.S.

Statement from Los Angeles City School Districts, dated Feb. 6, 1967, Hamilton High School, Feb. 3, 1936 to June 19, 1936 gives full name of student as Maude Fifer, born Nov. 11, 1919-parent: Mrs. C.M. Fifer - State of California - viewed by V.S.

289 - 111-014-556

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 75098

No. _____ St.

Primary Registration District No. 2334

Registered No. _____

Hospital _____

FULL NAME OF CHILD Willard Charles Shroll

Sex of Child Male | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 11 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Charles E. Shroll	FULL MAIDEN NAME Mary Bell Newbry
RESIDENCE Nampa	RESIDENCE Nampa
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE South Dakota	BIRTHPLACE Colorado
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed Dec 12 1919 Pearle Dodds Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

1-6-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 75098

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Shroll (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1919 (Date of Event) in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Willard Charles

Subscribed and sworn to before me this 6 day of January, 19 67

Harold A. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

Signed Edith V. Koenig

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1437-8th Ave E - Twin Falls, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho, # 378093
gives name of father as Willard Charles Shroll. Child born Aug 15,1943
Viewed by V. S.

JAN 6 1967

Social Security Card date Nov. 1961 gives name as
Willard Charles Shroll. # 519-12-7447
Viewed by V. S.

799-113-014-719

PLACE OF BIRTH

STATE OF UTAH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 75099

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD AMMON GARDNER GRIGG Griggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ammon A. Griggs	FULL MAIDEN NAME	MARY PRATT Gardner
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:00 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 15 1919 Pearle Dodds
Registrar

9-T CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 75099

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ammon Gardner Grigg (Name on Original Certificate) who was born (Was Born or Died) on Dec 19 1919 (Date of Event)
in Nampa, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnaned	Ammon Gardner Grigg
Mother's name	Maida Gardner	Mary Pratt Gardner
Surname	Griggs	Grigg

Subscribed and sworn to before me this 10
day of July, 19 42

E. A. Martin
Notary Public, residing at Kuna, Idaho
My commission expires March 5 1946
(Seal)

Signed Ammon Anderson Grigg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father

Kuna, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL [illegible] 1942

442-114-014-612

PLACE OF BIRTH

STATE O[illegible]
BUREAU OF VIT[illegible]

CERTIFICATE [illegible]

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2006

File No. 95100

Registered No. _____

FULL NAME OF CHILD Duspiva

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mike Duspiva	FULL MAIDEN NAME	Jennie Hasel
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed Dec 15 1919 Pearle Dodds Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF
CERTIFICATE

PLACE OF BIRTH

County of

City of

No. Registration District No. File No.

Registered No.

Place of

FULL NAME OF CHILD

Sex of Child

Twin Triplet or other

Date of Birth

FATHER

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]9-111-014-367

Form V. S. No. 11—25m-9-8-15

[redacted]CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]anyon

City of Nampa

Registration District No. _____ File No. 75101

No. _____ St.

Primary Registration District No. [illegible] Registered No. _____

Hospital _____

FULL NAME OF CHILD Elmer Wilson Shroll

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harley Leo Shroll	FULL MAIDEN NAME	Mary Ellen Copenhaver
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed Dec 12 1919 Pearle Dodds Registrar

S-Y-CO. 36071

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 15 4 24 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 75101

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Shroll (Name on Original Certificate) who was born (Was Born or Died) on December 11, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Elmer Wilson Shroll

Subscribed and sworn to before me this 15th day of September, 1975

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Mrs. E. Ilmer Shroll
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 7, Box 713A Nampa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of Any Credible Person)

Own childs birth certificate on file with Bureau of Vital Statistics, Boise, Idaho gives name of father as Elmer Wilson Shroll. Child, Catherine Shroll born July 19, 1947, # 441432.
Viewed by V.S.

SEP 1 8 1975

Social Security Card, # 519 40 5660 gives name as Elmer W. Shroll. Signature also is Elmer W. Shroll. Card issued April 1953.
Viewed by V.S.

64-37

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 7 File No. 75102

Primary Registration District No. 2006 Registered No. _____

FULL NAME OF CHILD Waldvogel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 14 1919

	FATHER	MOTHER
FULL NAME	Emery C. Waldvogel	Effie May Clark
RESIDENCE	Nampa	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Illinois	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar Filed Dec. 15 1919 Pearle Dodds Registrar

8-Y-CO. 3809

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made [illegible] and the number of each, in order of birth stated.

[illegible] OF BIRTH

[illegible] 42-[illegible]

[illegible] Knull

[illegible] 2/20/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 75103

No. ..... St.

Primary Registration District No. 2082 Registered No. .....

Hospital .....

FULL NAME OF CHILD Waddell, (~~[illegible]~~) Virginia Ethel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Aubrey Emerson Waddell	FULL MAIDEN NAME	Eva Jane Gilchrist
RESIDENCE	Knull, Ida	RESIDENCE	Knull Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	79	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Topia N Carolina	BIRTHPLACE	Ryan Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr E M McGinnis

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 310 3rd A N Twin Falls Ida

..... Registrar

Filed Jan 2 1920 John F. Coughlin Registrar

No. ..... St.

Hospital .....

Primary Registration Clinic No. .....

Registered No. .....

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 75103
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wadell (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 30, 1919 (Date of Event)

in Knull, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Virginia Ethel Waddell

Subscribed and sworn to before me this 20th day of February, 1981.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

Virginia E. Butler
Signature of Applicant

625 2nd ave. W. Twin Falls, Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family Bible record gives name as Virginia Ethel Waddell born Dec 30, 1919 viewed by V. S. 2-20-81

Diploma from Idaho :ublic Schools gives nameas Virginia E. Waddell, dated May 15, 1934. viewed by V. S.

866-228-042-253

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rogerson

Registration District No. 37

File No. 75104

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Howell RUTH ELAINE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	12-28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Howell	FULL MAIDEN NAME	Virginia Kelley
RESIDENCE	Rogerson Ida	RESIDENCE	Rogerson
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Jan 8 1920 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 27 1962

MAR [illegible] 1950

346-110-042-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls Hansen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—[illegible]

Registration District No. 37

File No. 75105

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD Rufus Dale Turner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jas. Turner	FULL MAIDEN NAME	Carrie Brasnell
RESIDENCE	Hansen Ida	RESIDENCE	Hansen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 ..... Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive at 6 P M. on the date above stated. was engaged for but did not

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

..... Registrar

Filed Jan 8 1920 John F. Caughlin
Registrar

dup of 1919-75069

207

236-128-042-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

75106

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Raymond Ross Stone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. B. Stone	FULL MAIDEN NAME	Bessie Dolen
RESIDENCE	Kimberly Ida.	RESIDENCE	Kimberly, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Victor, Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. Pike

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

..... Registrar

Filed Jan 8 1920 John F. Caughlin Registrar

963-112-042-757

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-27

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen, Ida

No. ..... St.

Hospital .....

Registration District No. 37 File No. 75107

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD CHARLES WEAVER ZOLLINGER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 12, 1929

FATHER	MOTHER
FULL NAME: John D. Zollinger	FULL MAIDEN NAME: Carrie G. Pearce
RESIDENCE: Hansen, Idaho	RESIDENCE: Hansen, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9: P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 8 1930 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding

Certificate No. 75107

Date Filed: [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Charles Weaver Zollinger (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 12-1919 (DATE OF EVENT)
in Hanson, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Zollenger	Charles Weaver Zollinger
father's name	John D. Zollenger	John D. Zollinger

Subscribed and sworn to before me this 30th
day of March, 19 42

G. D. McQuarry
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2-1944
(SEAL)

Signed ✓ John D Zollinger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Wendell, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....
My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 3 1970

OCT 12 1943

SEP 2 1958

622-120-042-942

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Twin Falls

CERTIFICATE OF BIRTH

City of " "

Registration District No. 37

File No. 75108

No. ..... St.

Primary Registration District No. 1082

Registered No. .....

Hospital .....

FULL NAME OF CHILD Osburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Sep 20 1919

FATHER		MOTHER	
FULL NAME	Asa F. Osburn	FULL MAIDEN NAME	Bettie Russell
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Tennessee
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Caughlin
Physician
(Physician or midwife)

Address Twin Falls, Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec 16 1919 John F. Caughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-118-042-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 75110

No. ..... St.

Hospital County Primary Registration District No. 1082 Registered No. .....

FULL NAME OF CHILD Keith Blow

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 18 19 19

FATHER		MOTHER	
FULL NAME	Lovejoy Blow	FULL MAIDEN NAME	Leda Winkleas
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:05 P. M. on the date above stated.

(Signature) C. D. Neave

(Physician ~~or midwife~~)

Address Twin Falls

Filed Dec 18 19 19 John F. Caughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-74388

102

791-119-042-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls. Registration District No. 37 File No. 75111

No. 221 5th Ave W. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD David George Gravelle

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Male				yes.	Nov. 19. 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Gravelle	Lillian Ivey
RESIDENCE	Twin Falls.	Twin Falls.
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	26 (Years)
BIRTHPLACE	New York	Manitoba. Canada.
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Bieler M. D.

Physician
(Physician or midwife)

Address Twin Falls, Ida

Given names added from a supplemental report.

19

Registrar

Filed Dec 18 1919 John F. Caughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1966

FEB 5 1945

652216·042-239

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Twin Falls,

No. ..... St.

Hospital home

Registration District No. 36 File No. 75112

Primary Registration District No. 1085 Registered No. [illegible]

FULL NAME OF CHILD Webb La Donna Fae Webb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. (Month) 16, (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Lewis Webb	FULL MAIDEN NAME	Carrie G. Strong
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kimberly, Idaho

Filed Dec 15 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 29 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-219-042-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37 File No. 75 113

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Bailey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	12 19 1919

FATHER		MOTHER	
FULL NAME	Shirley W. Bailey	FULL MAIDEN NAME	Macil Robinson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) T S Watson

(Physician or midwife)

Address Twin Falls Ida

Filed Jan 7 1920 John F Caughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

863-205-042-855

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 37 File No. 75114

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lila Marie Hollister

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	12 5 1919

FATHER		MOTHER	
FULL NAME	Henry Gray Hollister	FULL MAIDEN NAME	Nora Belle Henrigan
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Labr.	OCCUPATION	Hwf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 12-5-19 (Born alive ~~or stillborn~~), at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Watson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Registrar

Filed Jan 7 1920 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1951

319-11-004 2-213

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of T Falls

City of T Falls

Registration District No. 37 File No. 75115

No. ____ St.

Hospital T.F. Co. Hos. Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD William Farr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Dec. 11 1919

FATHER	MOTHER
FULL NAME: Evan Farr	FULL MAIDEN NAME: Lila N. Bates
RESIDENCE: Twin Falls	RESIDENCE: T Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Soda Springs, Idaho.	BIRTHPLACE: Oakley Idaho
OCCUPATION: Mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Morgan (Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Dec 18 1919 John F. Cavaghs Registrar

OCT 24 1967

693.105.042-499

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75116

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St.

Hospital County Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Shelby Elijah Williams

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Dec. (Month) 5 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Shelby Ernest Williams	FULL MAIDEN NAME: Lora Mabel Driskell
RESIDENCE: Filer	RESIDENCE: Filer
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: (mouth of Wilson) Virginia	BIRTHPLACE: Iowa, Diagonal
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Dr. A. A. Newberry

Filer, Idaho

(Physician or ~~midwife~~)

19

Registrar

Address

Filed Dec 18 1919 John F. Caughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1943

Dup of 1919-755556

391-105-042-295

1. PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

[redacted] ELFARE TICS RTH

75117

File No. 75117

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Billy Curtis Train

3. Sex	If plural births	4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate? Yes	8. Date of birth Dec. 5, 1919 (Month, Day, Year)
Male					

FATHER	MOTHER
9. Full name Benjamin Foster Train	18. Full maiden name Tinnie King
10. Residence (usual place of abode) (If non-resident, give place and State) Kimberly, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Kimberly, Idaho
11. Color or race Wh | 12. Age at last birthday 29 (years)	20. Color or race Wh | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Bellview Kansas	22. Birthplace (city or place) (State or Country) Axtel Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. R. VanCott, M. D.

or ....., Midwife

Address Twin Falls, Idaho

Filed Jan 5, 1920 John F. Coughlin

Registrar.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

... WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of 493-206-042-815

City of Twin Falls

No. 430-4 West St.

Registration District No. 37 File No. 75118

Primary Registration District No. 1685 Registered No.

Hospital

FULL NAME OF CHILD Wanda June Miller

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Dec. 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Georg K Miller	FULL MAIDEN NAME	Eva Marietta Hansen
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Camas, Idaho	BIRTHPLACE	Lago Ida
OCCUPATION	Labor	OCCUPATION	House wife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Sunday at 8 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Merintha Elizabeth Hansen

Obstrician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls 155-11-A East

19

Filed Dec. 12 1919 John F. Coughlin Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 75118
County of Twin Falls } AUG 9 1945 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lila (Name on Original Certificate) who was born (Was Born or Died) on December 7 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lila	Wanda June Miller
Date	Dec. 7th	Dec. 6, 1919

Subscribed and sworn to before me this 11th
day of July 1945
Alice C. Taylor
Notary Public, residing at Twin Falls, Ida
My commission expires Oct. 22nd 1947
(Seal)

Signed Eva M Miller (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
434-4th Ave W. Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of July 1945
Stuart H Taylor
Notary Public, residing at Twin Falls
My commission expires Jan 1 - 1946
(Seal)

Signed R H. McNeely
(Signature of Any Credible Person Other Than Previous Year)
R F D 2 Twin Falls Ida
(Street Address, City, State)

AUG 11 1945

318-115-042-294

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 27 File No. 75119

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Taylor JOHN SIDDOWAY TAYLOR

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John R. Taylor	FULL MAIDEN NAME	Mary Siddaway
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Auto Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Caughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls, Ida

Filed Dec 15 1919 John F. Caughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 75119

Date Filed MAY 28 1947

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Siddoway Taylor (Name on Original Certificate) who WAS BORN (Was Born or Died) on Dec 15, 1919 (Date of Event)
in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth Certificate, + Church Record Etc (Bible Record, Insurance Policy, Etc.) prepared on Dec 15, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Taylor	John Siddoway Taylor

Subscribed and sworn to before me this 26th day of May, 1947

Signed Mary S. Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. H. FREEMAN
NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES STATE OF CALIFORNIA
Notary Public, residing at
My Commission Expires July 28, 1943
My commission expires
(Seal)

1432 Malvern Ave. L.A. 6

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

JUN 1 1942

DEC 2 1942

JUN 26 1959

DEC 22 1971

296202-042-3 19

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls — Registration District No. 37 — File No. 75120

No. ____ St.

Hospital County — Primary Registration District No. 1082 — Registered No. ____

FULL NAME OF CHILD Ruth Brose

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec. 2, 19 19

FATHER

FULL NAME: Walter Brose.

RESIDENCE: Twin Falls

COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Detroit, Michigan

OCCUPATION: Stockman

MOTHER

FULL MAIDEN NAME: Ellen Larsen

RESIDENCE: Twin Falls

COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Rock Creek, Idaho.

OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:28 P. M. on the date above stated.

(Signature) John F. Caughlin

(Physician ~~or midwife~~)

Address Twin Falls Idaho

Filed Dec 12 19 19 — John F. Caughlin, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1942

25X102.042-862

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 5th Ave East St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 31 File No. 75121

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Wayne Franklin Bemiller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec. (Month) 2nd (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo F Bemiller	FULL MAIDEN NAME	Sylpha Leola Hobson
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Maryland	BIRTHPLACE	Colorado
OCCUPATION	Paint and Decorating Contr.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2050 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phy. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Twin Falls Ida

Filed Dec 10 1919 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

one copy made 10/31/40 L.B.

799-105-042-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 75122

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital County

FULL NAME OF CHILD James Alan Griffith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec. 5, 1919

FATHER	MOTHER
FULL NAME: James Alan Griffith	FULL MAIDEN NAME: Josephine Peterson,
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Oklahoma	BIRTHPLACE: Elk Point South Dakota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) H. W. Nelson

Physician

(Physician or midwife)

Address Twin Falls, Idaho.

Filed Dec 18 1919 John F. Caughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
493-220:042-275
County of Twin Falls
City of Twin Falls
No. ..... St.
Hospital T-F.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75123

Registration District No. 37 File No. .....
Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Laura Mary Miller

Sex of Child: Female
Twin, Triplet or other? 1 and Number in order of birth 1
(To be answered only in event of plural births)
Legitimate? Yes
Date of Birth: 12 (Month) 20 (Day) 1909 (Year)

FATHER
FULL NAME: Frank E. Miller
RESIDENCE: Twin Falls
COLOR: Wt
AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Neb.
OCCUPATION: Mechanic (auto)

MOTHER
FULL MAIDEN NAME: May Spellerberg
RESIDENCE: Twin Falls
COLOR: Wt
AGE AT LAST BIRTHDAY: ..... (Years)
BIRTHPLACE: Kansas
OCCUPATION: House

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:25 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. R. VanCott
M.D.
(Physician or midwife)
Address Twin Falls

Filed Jan 5 1910 John F. Caughlan Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

815-117-042-815

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75124

County of Twin Falls

City of " "

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Baby Hansen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				No	Dec 17 1919

FATHER		MOTHER	
FULL NAME	Unknown	FULL MAIDEN NAME	Bertha Hansen
RESIDENCE	" "	RESIDENCE	Twin Falls
COLOR		COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE		BIRTHPLACE	Oklahoma
OCCUPATION		OCCUPATION	Hsmf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 1 A. M. on the date above stated.

(Signature) John F. Caughlin
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed Dec 18 1919 John F. Caughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-201-042-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 330 6th av W St.

Hospital

Registration District No. 37

Primary Registration District No. 185

File No. 75125

Registered No.

FULL NAME OF CHILD Ona Belle Doty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac Arthur Doty	FULL MAIDEN NAME	Medie Johnson
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Works in Sugar Factory	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho

19

Filed Dec 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 3 1943

DEC 11 1953

295-150-042-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75126

County of Twin Falls

City of " "

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1082 Registered No.

Hospital

FULL NAME OF CHILD Breivogel, George Edward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	12 20 1919

FATHER

FULL NAME Adam Breivogel

RESIDENCE Twin Falls

COLOR white AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Maryland

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Camelia Wise

RESIDENCE Twin Falls, Ida

COLOR white AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Ill.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 40 a. M. on the date above stated.

(Signature) John F Caughlin

Physician (Physician or midwife)

Address Twin Falls, Ida

Filed Dec 22 1919 John F Caughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Jan. 29, 1941 Z.J.

544-127-042-958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

County of Twin Falls,

City of Twin Falls,

No. ..... St.

Hospital BOYD.

Registration District No. 37

Primary Registration District No. 1085

File No. 75127

Registered No. .....

FULL NAME OF CHILD Eddington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male,		Yes,	12 27 1919

FATHER	MOTHER
FULL NAME: Eddington, Walter, N.	FULL MAIDEN NAME: Reynolds, Rose
RESIDENCE: # 3 Gott Apts,	RESIDENCE: #3 Gott. Apts,
COLOR: White, AGE AT LAST BIRTHDAY 37 (Years)	COLOR: White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Utah.
OCCUPATION: Contractor.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, 12/27 1919 at 4.07 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Deane MD

Physician, (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boyd Building Twin Falls, Idaho

Filed 12/29 1919 John F. Caughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

519-117-0042-844

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 774-4th East St

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 75128

Primary Registration District No. 1082 Registered No. .....

FULL NAME OF CHILD ~~xxxxxx~~ Hardesty, LAURANCE ELMER

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	12-17-1914

FATHER		MOTHER	
FULL NAME	Louis E Hardesty	FULL MAIDEN NAME	Rose Huddleston
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Illinois	BIRTHPLACE	Canada
OCCUPATION	Miners Helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Leete M.D.

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 8 1920 John F. Caughlin Registrar

6/6/41 L. B.

443112-042-269

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 435 - 5th West

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

75129

Registration District No. 37 File No. .....

Primary Registration District No. 1084 Registered No. .....

FULL NAME OF CHILD ~~Boby~~ Mullikin Rufus Harvey Mullikin

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	12 - 12 - 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rufus O Mullikin	FULL MAIDEN NAME	Katie E Brick
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 8 1920 John F. Cavanaugh

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1950

795-207-042-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 37

File No. 75130

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD LUCILE Gwane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. W. Gwane	FULL MAIDEN NAME	Ruth Williams
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Registrar

Filed Jan 8 1920 John F. Caughlin Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 75130

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Givans Baby who was born on Dec 7th 1919
(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls County Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Givans	Lucile Givans

Subscribed and sworn to before me this 4th
day of March, 1943

Leah Cedarholm
Notary Public, residing at Twin Falls, Idaho

My commission expires
(Seal)

Signed Mrs. Linda E. Franzen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
attendant

Twin Falls Ida Rt 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR

713209·042-413

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75131

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Pate .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec. 9 1929

FATHER	MOTHER
FULL NAME: Leslie Harry Pate	FULL MAIDEN NAME: Grace Gertrude Malone
RESIDENCE: Twin Falls Idaho	RESIDENCE: Twin Falls, Idaho
COLOR: White	AGE AT LAST BIRTHDAY: 38 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Ind.	BIRTHPLACE: Kansas.
OCCUPATION: Foreman Sugar Factory	OCCUPATION: Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born Alive ....., at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician
(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 8 1930 John F. Cavaghan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

55K220-042-652

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-27

CERTIFICATE OF BIRTH

75132

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Jean Marie Neukam

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 20- 9

FATHER	MOTHER
FULL NAME: Frank Neukam	FULL MAIDEN NAME: Retta Mae West
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Maine	BIRTHPLACE: Kansas.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 8 1928 John F. Caughlin Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

235-119-042-433

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

75133

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Klein

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 19 1920

FATHER	MOTHER
FULL NAME Samual R. Klein	FULL MAIDEN NAME Geneva W. McCleary
RESIDENCE Twin Falls, Ida.	RESIDENCE Twin Falls, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Clay Co. Iowa	BIRTHPLACE Madison Co. Iowa
OCCUPATION Minister	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 8 1921 John F. Cavaghan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

513-115:042-213

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

75134

County of Twin Falls,

City of Twin Falls,

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD George Lynnedon Eaton.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	DEC 15 19

FATHER	MOTHER
FULL NAME: Irwin C. Eaton	FULL MAIDEN NAME: Flora Mae Baldwin
RESIDENCE: Twin Falls, Idaho.	RESIDENCE: Twin Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Fairburg, Nebreska.	BIRTHPLACE: South Dak.
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. Weaver M. D.

Physician (Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Jan 8 1920 John F. Caughlan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Diego }

Certificate No. 75134

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for None (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Dec 15th 1919 (DATE OF EVENT)
in Twin Falls Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec 15th 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Eaton	George Lynnedon Eaton

Subscribed and sworn to before me this 24th
day of April, 1942.

Signed Irwin Clifford Eaton Sr
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at El Cajon Calif

My commission expires .....
(SEAL)

R.1. Box 81. El Cajon Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of April, 1942.

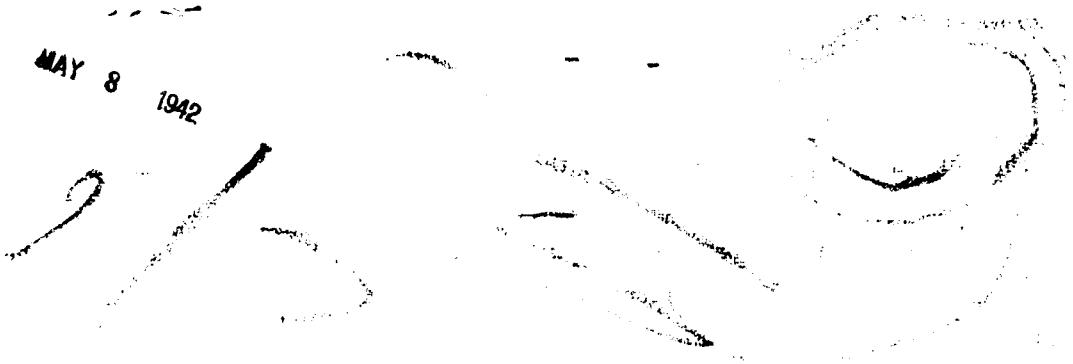
Signed C. A. Eaton
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at El Cajon Calif

My commission expires .....
(SEAL)

422 Main St. El Cajon
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 7 1942 By .....
(REGISTRAR'S SIGNATURE)


MAY 8 1942

85-221-042-699

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 75135

Registered No. .....

FULL NAME OF CHILD Rufus Yeary

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 21- 9

FATHER	MOTHER
FULL NAME: Rufus Yeary	FULL MAIDEN NAME: Minta Mae Wright
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Ark.	BIRTHPLACE: Denver, Colorado.
OCCUPATION: Farmer	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5: A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. D. Weaver.

Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed Jan 8 1928 John F. Caughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-228-042-276

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 75136

Registered No. .....

FULL NAME OF CHILD Grace J. Murphy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. K. Murphy	FULL MAIDEN NAME	Grace M. Sponsellar
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ohio.
OCCUPATION	Electritian.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Registrar

Filed Dec 8 1920 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1969

296-121-042-791

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 624 2nd ave E St.

Hospital

Form V. S. No. 1-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37

File No. 75137

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD CHARLES GRAHAM Browne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec. 21 1919

FATHER		MOTHER	
FULL NAME	Charles H. Browne	FULL MAIDEN NAME	Agnes M. Graham
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Chicago Ill.	BIRTHPLACE	Iowa
OCCUPATION	Book Keeper.	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 PM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Ida

Filed Jan 10 1920 John F. Caughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

OCT 1 1941

RECEIVED

Certificate No. 75137

Date Filed

The undersigned does solemnly swear that certain ~~facts on~~ the certificate of birth (Birth or death)
for Browne (Name on original certificate) who was born (Was born or died) on Dec. 21 1919 (Date of event)
in Twin Falls, Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by school records (Bible record, insurance policy, etc.) prepared on Sept. 1926 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Browne	Charles Graham Browne

Subscribed and sworn to before me this 27th day of September, 1941

R. B. Smith

Notary Public, residing at Twin Falls, Idaho

My commission expires July 8-1942

[SEAL]

Signed Mrs. Chas H. Browne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1239 Fourth Ave E. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of September, 1941

R. B. Smith

Notary Public, residing at Twin Falls, Idaho

My commission expires July 8-1942

[SEAL]

Signed Henry H Graham
(Signature of any credible person other than the previous affiant.)

243 Blue Lakes Blvd N.
(Street Address, City, State) Twin Falls, Idaho

Received for filing on ..... By .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
789-131-0225
County of Twin Falls

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of .....

Registration District No. 37

File No. 75138

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Judson Phipps

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec. 21 1917

FATHER		MOTHER	
FULL NAME	James H. Phipps	FULL MAIDEN NAME	Jessie A. Savage
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilder

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan 11 1918 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-108042-289 [redacted]

PLACE OF BIRTH

[redacted]ATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[redacted] S. No. 11-C—25m-9-8-17

75139

County of Twin Falls

City of ..... "

No. 712 6th Ave St.

Hospital .....

Registration District No. 31 ..... File No. .....

Primary Registration District No. 1085 ..... Registered No. .....

FULL NAME OF CHILD ..... JOHN DAVID Waters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec. 8 1919

FATHER		MOTHER	
FULL NAME	Richard W. Waters	FULL MAIDEN NAME	Eva Belle Shields
RESIDENCE	Twin Falls. Ida	RESIDENCE	Twin Falls. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Missouri	BIRTHPLACE	Virginia
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth ....4.... Number of children of this mother now living, including present birth ..3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive ....., at 4.45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls Ida

Filed Jan 10 1920 John F. Campbell
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 75139

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John David Waters (Name on Original Certificate) who born (Was Born or Died) on December 8, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) ~~are erroneous or were omitted~~; and that, to the best of his knowledge, the true facts ~~are~~ shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	John David Waters

Subscribed and sworn to before me this 11th day of July, 1942.

K. L. Jenkins
Notary Public, residing at Twin Falls, Idaho

My commission expires March 17, 1945
(Seal)

Signed Richard W. Waters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

726 Main Avenue North, Twin Falls (Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 13 1942

JUL 14 1942

AUG 24 1943

694-131-[redacted]

PLACE OF BIRTH

014267

County of Canyon

City of Caldwell

Registration District No. 3

File No. 75140

No. ..... St.

Primary Registration District No. 2005

Registered No. 291

Hospital .....

FULL NAME OF CHILD Franklin Thomas Widman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Widman	FULL MAIDEN NAME	Florence Boggess
RESIDENCE	Baker Oregon	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Baker Oregon	BIRTHPLACE	Mulhall Oklahoma
OCCUPATION	Stock man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. G. Young M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 1-5-1920 John S. Meyer Registrar

(The above parties (parents) have separated.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1/23/41 L. B.

JAN 16 1957

[redacted]

962-229-014-249

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. 75141

Primary Registration District No. 1005

Registered No. 290

FULL NAME OF CHILD Marjorie Rae Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard H. Robinson	FULL MAIDEN NAME	Racheal Smith
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:05 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole M.D.

Caldwell Ida

(Physician or midwife) M Hae[illegible]

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12-30-1919

John S. Meyer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Cert. of Baptism prepared March 27, 1932. Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Oyhee

Certificate No. 75141
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed (Name on Original Certificate) who born (Was Born or Died) on December 29, 1919 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record - viewed by V.S. (Bible Record, Insurance Policy, Etc.) prepared on obviously old (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of Child	Unnamed	Marjorie Rae Robinson

Subscribed and sworn to before me this 5th day of September, 1958
Felicia Echevarria
Notary Public, residing at Honedale Ida
My commission expires 3/20/59
(Seal)

Signed Mrs. W. H. Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1402 Dearborn Caldwell Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oyhee

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of September, 1958
Felicia Echevarria
Notary Public, residing at Honedale Ida
My commission expires 3/20/59
(Seal)

Signed May L. Ganow
(Signature of Any Credible Person)
Marsing Idaho
(Street Address, City, State)

FORM DPH 55.155

SEP 11 1956

365-129-014-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. 75142

Registered No. 289

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 29 1919

FATHER		MOTHER	
FULL NAME	Paul N. Long	FULL MAIDEN NAME	Mattie Lowell
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. S. M. Kaley M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 12-31- 1919

John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-228-014-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Ida.

No. Route #1 St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No. 75143

Registered No. 288

FULL NAME OF CHILD Carol Josephine Howry

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Dec. 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Howry	FULL MAIDEN NAME	Gertrude Bennett
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole, M. D.

Caldwell Ida. (Physician or midwife) M.H.

Given names added from a supplemental report.

19

Registrar

Address

Filed 12-30-1919

John H. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/1/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 75143

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Howry (Name on Original Certificate) who was born (Was Born or Died) on 12/28/19 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Howry	Carol Josephine Howry

Subscribed and sworn to before me this 1st day of December, 19 78

Margaret Deana Lyons

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Carol Josephine Howry

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X 2814 S. Roosevelt, Boise, Idaho 83705

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism issued by the First Methodist Church, Boise, Idaho 4/28/58 gives name of person as carol josephine howry. viewed by V.S. * born 12/28/19

Marriage License and Certificate issued by State of Idaho gives name of Bride as Carol Josephine Howry. certificate dated 6/29/43. viewed by V.S.

DEC 5 1978

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-228:014-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75144

County of Canyon

City of Wilder — Registration District No. 3 — File No.

No. ____ St.

Hospital Home — Primary Registration District No. 2005 — Registered No. 287

FULL NAME OF CHILD Stief

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Dec 28 1917

	FATHER	MOTHER
FULL NAME	Chas. Stief	Hazel Dample
RESIDENCE	Reynolds Creek	Reynolds Creek
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	23 (Years)
BIRTHPLACE	Germany	Imodale Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M D
(Physician or midwife)

Given names added from a supplemental report.

19 ____

Registrar

Address Wilder Ida

Filed 1-7- 1920 John L. Meyers.
Registrar

235-227-014-791

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ~~Huston~~ Caldwell

Registration District No. 3 File No. 75145

No. R. F. D. 4 St.

Primary Registration District No. 2005 Registered No. 286

Hospital (in home)

FULL NAME OF CHILD Verna Mae Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	5 (To be answered only in event of plural births)	yes	Dec. (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Mr. William F. Stevens	FULL MAIDEN NAME	Mary Emley Prall
RESIDENCE	Huston, Idaho	RESIDENCE	Huston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Henefer, Utah	BIRTHPLACE	Logan, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. F. Shaden

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell, Idaho

Filed 12-31- 1919 John S. Meyer Registrar

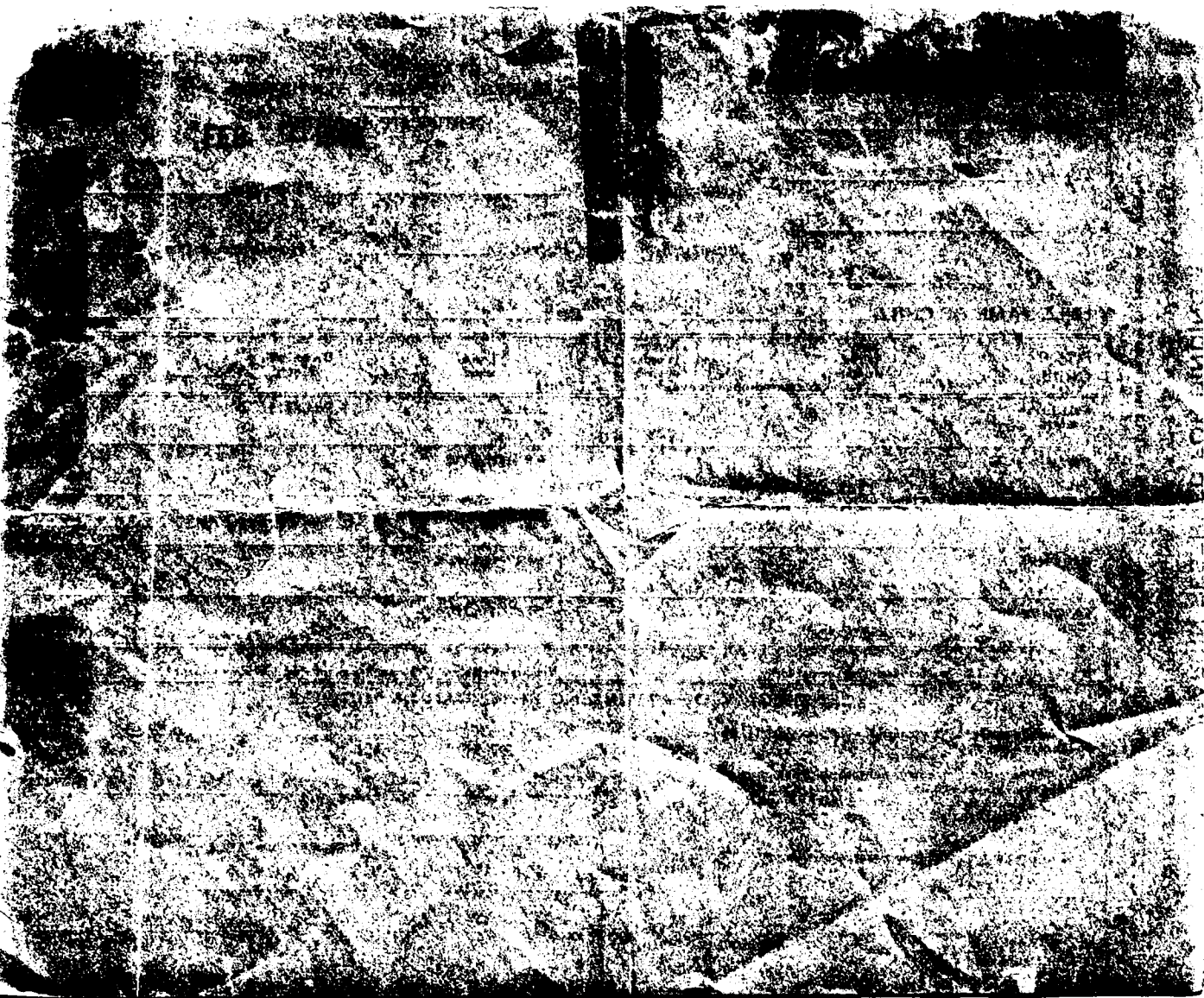
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



345-123-014-764

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Canyon

City of ~~Sunnyslope~~ Caldwell

No. R.F.D. 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 75146

Primary Registration District No. 2005 Registered No. 285

FULL NAME OF CHILD Elmer J. Lund

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 23 1919

FATHER		MOTHER	
FULL NAME	M. J. Lund	FULL MAIDEN NAME	Beatrice M Gould
RESIDENCE	Sunnyslope	RESIDENCE	Sunnyslope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. A. Young M.D.

(Physician or midwife)

Address Caldwell Idaho

19

Registrar

Filed 12-28 1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

43122 014796

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 75147

Primary Registration District No. 2005 Registered No. 284

FULL NAME OF CHILD ..... James Alonzo McCallen

Sex of Child: boy

Twin, Triplet or other? S and Number in order of birth 2
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Dec 22 (Month) (Day) 191 7 (Year)

FATHER

FULL NAME: John C. McCallen

RESIDENCE: Caldwell

COLOR: W

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Effingham Co Ill

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Florence Grove

RESIDENCE: Caldwell

COLOR: W

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Champaign Co Ill

OCCUPATION: housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Green M. D.

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-5- 1920

John S. Meyer Registrar

JUL 5 1945

297220·014-742

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75148

County of Canyon

City of Caldwell

No. 5th & Belmont St.

Hospital

Registration District No. 3 File No.

Primary Registration District No. 1005 Registered No. 283

FULL NAME OF CHILD Lucille Kathryne Biggerstaff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1st	yes	Dec 20 1919

FATHER		MOTHER	
FULL NAME	Fred Edward Biggerstaff	FULL MAIDEN NAME	Anna Marie Gustafson
RESIDENCE	New Meadows Ida	RESIDENCE	New Meadows
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	McClains Borough, Ill	BIRTHPLACE	Cascade Locks, Ore
OCCUPATION	Forest ranger	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Montgomery

physician (Physician or midwife)

Address Caldwell, Idaho

Filed 12-26-1919 John P. Meyer Registrar

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

34-3220: 614-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75149

County of Canyon

City of Caldwell. Registration District No. 3 File No.

No. 1004 Cleveland St. Primary Registration District No. 1005 Registered No. 282

Hospital

FULL NAME OF CHILD Georgia Louise Lutz.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Dec. 20 1919

	FATHER	MOTHER
FULL NAME	George H. Lutz.	FULL MAIDEN NAME Lucile N. Cook.
RESIDENCE	Caldwell Idaho.	Caldwell Idaho.
COLOR	White.	White.
AGE AT LAST BIRTHDAY	24 (Years)	23 (Years)
BIRTHPLACE	Oregon	Wisconsin.
OCCUPATION	Mechanic.	H. Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 6.45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Meyers M.D.

(Physician or midwife)

Address Caldwell Idaho.

Given names added from a supplemental report.

.....19.....

Registrar

Filed 12-20-1919 John L. Meyers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Caldwell

City of ~~Sunnyslope~~ Caldwell

No. Rug. 4 St.

Hospital

IDAHO
AL STATISTICS
R OF BIRTH

Registration District No. 3 File No. 75150

Primary Registration District No. 2005 Registered No. 281

FULL NAME OF CHILD Robert Leslie Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 19 1919

FATHER		MOTHER	
FULL NAME	Leslie Smith	FULL MAIDEN NAME	Mabel Beard
RESIDENCE	Sunnyslope	RESIDENCE	Sunnyslope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. A. Young M.D.

(Physician or Midwife)

Address Caldwell Idaho

Filed 12-20- 1919

John S. Meyer Registrar

Social Security Card, #526-16-5741 gives full name as Robert Leslie Smith - viewed by VS
Photo Copy of Own Child's Hospital Birth Certificate, Immanuel Hospital, Omaha, Nebraska
child born Tuesday, May 14, 1946 at 1:23 P.M. gives full name of father as Robert Leslie
Smith, born Dec. 19, 1919 at Caldwell, Idaho and Shirley Cavanaugh born Aug. 2, 1921 at
Providence, R.I. - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 31 1963
Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 75150
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Smith (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 19, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Robert Leslie Smith

Subscribed and sworn to before me this 26 day of MAY 1963.
Lake J. Coniglio
Notary Public, residing at 4000 MARY Omaha, Nebraska
My commission expires August 15, 1965
(Seal)

Signed Leslie Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
915 21 Ave Council Bluffs Iowa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 4-12-63. one copy pd. rec. #03113.

MAY

553-219-014-261

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible] Registration District No. ..... File No. 75151

No. R. F. D. St.

Primary Registration District No. 2005 Registered No. 280

Hospital .....

FULL NAME OF CHILD Neata Maud Nelson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl	S	2	Yes	Dec 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sidney V. Nelson	FULL MAIDEN NAME	Gladys G Swab
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Auburn N. Dak	BIRTHPLACE	Millville Cal
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Id

Filed 12-20-1919 John L. Meyer

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1944

275-117:014-392

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. R. F. D. No. 2 St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 75153

Primary Registration District No. 2005 Registered No. 278

FULL NAME OF CHILD Elmer Waldo Spencer

Sex of Child	[illegible]	Number in order of birth	Legitimate?	Date of Birth
Male	[illegible]	[illegible]	yes	[illegible] 19 17

(Be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Willis Bissel Spencer	FULL MAIDEN NAME	Millie Viola Tish
RESIDENCE	Caldwell, Ida	RESIDENCE	Caldwell Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Holton Kansas	BIRTHPLACE	Redwing Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Montgomery

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Registrar

Filed 12-26-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1973

[redacted]

[redacted]

794.215.014-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75154

County of Canyon

City of ~~Caldwell~~ Greenleaf — Registration District No. 3 — File No.

No. ..... St. — Primary Registration District No. 2003 — Registered No. 277

Hospital .....

FULL NAME OF CHILD Mary Pruett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 15 1919

FATHER	MOTHER
FULL NAME Edward Harris Pruitt	FULL MAIDEN NAME Elizabeth Rebecca Johnston
RESIDENCE Caldwell Idaho	RESIDENCE Caldwell Idaho
COLOR White — AGE AT LAST BIRTHDAY 30 (Years)	COLOR White — AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. M. Raley M.D.

(Physician or Midwife)

Address Caldwell Idaho

Filed 12-15-1919 John S. Reyes Registrar

APR 28 1967

[illegible] 4-366

PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 75155

Primary Registration District No. 2005 Registered No. 276

FULL NAME OF CHILD ITUS GOLDIE Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Harris	FULL MAIDEN NAME	Ella Coffey
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Camdon Co. Mo.	BIRTHPLACE	Weiser Ida
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Borch
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 1-7- 1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 75155

State of Oregon
County of ~~Marion~~ Multnomah } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for ITUS GOLDIE HARRIS (Name on Original Certificate) who was born (Was Born or Died) on December 12th, 1919 (Date of Event)
in Greenleaf (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Itus Goldie Harris

Subscribed and sworn to before me this 11th day of August 1943

E. J. Munson
Notary Public, residing at Portland Ore.
My commission expires June 1, 1947
(Seal)

Signed Elmer Ewert Harris - Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 6, Box 335B, Salem, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August 1943

Notary Public, residing at Portland, Oregon
My commission expires May 19th, 1944.
(Seal)

Signed Glenn A. Coffey
(Signature of Any Credible Person Other Than Previous Year)

4139 N. Houghton St., Portland, Oregon
(Street Address, City, State)

AUG 27 1963

693-112014-497

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 75156

Primary Registration District No. 2065 Registered No. 275

FULL NAME OF CHILD Alfred Clark Wittel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	K. E. Wittel	FULL MAIDEN NAME	Clarita E. Dix
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2.45A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole M.D.

V.M.J.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 12-13-1919 John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443-112-014-758

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form [illegible] No. 11-C—[illegible]

Registration District No. 3 File No. 79157

Primary Registration District No. 1005 Registered No. 274

FULL NAME OF CHILD Ray Xavier Muller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec (Month) 12 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Gustav Muller	FULL MAIDEN NAME Katherine Lehman
RESIDENCE Caldwell, Ida	RESIDENCE Caldwell Idaho
COLOR White AGE AT LAST BIRTHDAY 39 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Alsace Lorraine	BIRTHPLACE Alsace Lorraine
OCCUPATION Landscape Gardener	OCCUPATION House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Young M.D.

V.M.T.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

..... Registrar

Filed 12-13 1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 75157

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Muller (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 12, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ray Xavier Muller

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of April, 19 76

Notary Public, residing at Caldwell, Idaho
My commission expires Sept. 24, 1976
(Seal)

Signed Madeleine M. McCluskey
(Signature of Any Credible Person)

1323 Pinnacle Dr. Caldwell Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5/16/73

Certificate of Baptism issued by St, Mary's Church, Caldwell, Idaho on 3/6/76 lists name as Ray Xavier Muller born to Gustav C. Muller and Katerina T. Lehman on December 12, 1919. viewed by V.S.

Insurance application issued by the Northwestern Mutual Life Insurance Co. on MAY 6 1976 12 Aug. 1936 lists applicant as Ray X. Muller born 12 December 1919 . viewed by V.S.

699-111-014719

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75158

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 273

Hospital .....

FULL NAME OF CHILD BERNARD GLENN WRIGHT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 11 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glen W Wright	Leonore Martin
RESIDENCE	Caldwell Idaho	Caldwell Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	23 (Years)
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Manufacturer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Raley M D

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-11-1919 John T. Meyer

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

DEC 26 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 75158
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who was born (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Wright	Bernard Glenn Wright

Subscribed and sworn to before me this 23rd day of December, 1941

Notary Public, residing at Nampa, Idaho
My commission expires April 22, 1942
[SEAL]

Signed Glenn W Wright
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

520 5th Ave So., Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of December, 1941

Notary Public, residing at Nampa, Idaho
My commission expires April 22, 1942
[SEAL]

Signed Emory M. Wright
(Signature of any credible person other than the previous affiant.)

Box 527, 1106 First St. So.
(Street Address, City, State)
Nampa, Idaho.

Received for filing on DEC 26 1941 By
(Registrar's signature)

MAY 0 1 1989

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4732-111-014-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75159

County of Canyon

City of Caldwell Registration District No. 3 File No.

No. St. Primary Registration District No. 2005 Registered No. 272

Hospital Caldwell Sanitarium

FULL NAME OF CHILD Albert McKimmy McKimmy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 11 1919

FATHER	MOTHER
FULL NAME Clarence McKimmy McKimmy	FULL MAIDEN NAME Nellie McComb
RESIDENCE Melba Idaho	RESIDENCE Melba Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Kansas	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Young M. D.

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 12-13-1919

Johnet Freyer
Registrar

NOV 18 1941

FEB 18 1942

AFFIDAVIT

STATE OF IDAHO)
) ss.
COUNTY OF CANYON)

NELLIE MCCOMB MCKIMMY, being first duly sworn upon oath, deposes and says; that she is, and at all times hereinmentioned, was the wife of Clarence McKimmy, and that affiant and said Clarence McKimmy are the parents of Albert McKimmy; that the said Albert McKimmy was born at the Caldwell Sanitarium Hospital in Caldwell, Canyon County, Idaho, on the 11th day of December, 1919, and that at said birth, affiant was attended by J. A. Young, M.D.; that the Certificate of Birth on file with the Bureau of Vital Statistics of the State of Idaho, file number-75159 is incorrect in that the surname of Albert McKimmy is incorrectly spelled McKimmey, and that affiant's husband's surname is likewise incorrectly spelled McKimmey. Affiant further states that the true and correct name and spelling is Albert McKimmy and Clarence McKimmy.

This Affidavit is made for the purpose of correcting said birth certificate and for the purpose of proving the correct identity of Albert McKimmy, who is the natural son of affiant and said Clarence McKimmy.

Nellie McComb McKimmy

Subscribed and sworn to before me this 26th day of January, 1942.

Notary Public
Residing at Nampa, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-110-014-859

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. 75160

Primary Registration District No. 2005

Registered No. 271

FULL NAME OF CHILD Austin Lorrane Mallory

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Mallory	FULL MAIDEN NAME	Mayme Herrick
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	House wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M.D.

V.M.T.

(Physician or [illegible])

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 12-11-1919

John S. Meyer
Registrar

Registrar

434-209-014-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. (Golden Gates)

Registration District No. 3 File No. 75161

Primary Registration District No. 1005 Registered No. 270

Hospital

FULL NAME OF CHILD Evelyn May McDaniel

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	other and	12"	yes	Dec. 9" 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Henry McDaniel	FULL MAIDEN NAME	Amanda M. Seiber
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 12, Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on above date at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Filed 12-13-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1942

MAR 18 1976

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR, NOT TO THE STATE BOARD OF HEALTH.

Idaho [redacted] State Board of Health

County of Latah [redacted] AU OF VITAL STATISTICS Registered No. 75162

City or Town of Gifford Mach R F D

CERTIFICATE OF BIRTH

791-117-029-713

Registration Dist. No. ..... (No. ....., ... St.; ..... Ward)

FULL NAME OF CHILD Delmer Forrest Graff Unnamed {If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Dec (Month) 17 (Day), 1919 (Year)

FATHER	MOTHER
Full Name: Ezra Forest Graff	Full Maiden Name: Stella May Pulcher
Residence: Latah County Idaho	Residence: Latah County Idaho
Color: White; Age at last Birthday 28 (Years)	Color: White; Age at last Birthday 26 (Years)
Birthplace (State or Country): Illinois	Birthplace (State or Country): Illinois
Occupation: ~~Hon~~ Farmer	Occupation: Housewife

Number of child of this mother 1 Number of children, this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was {born alive / ~~stillborn~~} † and that it occurred on Dec 17, 1919, at 11 A.M.

{* When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

(Signature) P E Wiesel

(Physician or ~~Midwife~~)

Give name added from a supplemental report .....

Address .....

Registrar.

Filed 12/24, 1919 W H Carothers Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

V. S.—No. 8.

Form V. S. No. 9.

Idaho
~~Washington~~ State Board of Health
BUREAU OF VITAL STATISTICS

75162

SUPPLEMENTAL REPORT OF BIRTH

(This return should preferably be made by the person who made the original.)

Place of birth
County Kasah
Town Garfield Wash RFD #3
City

*Registered Number**
Registration District

SEX OF CHILD*	Twin* Triplet, or other?	and	Number* in order of birth
Male			

DATE OF BIRTH Dec (Month) 17 (Day) 1919 (Year)

FULL* NAME Ezra Forest Graff FATHER

FULL* MAIDEN NAME Stella May Pulcher MOTHER

*These items to be entered by the Local Registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named:

Delmer Forest Graff
(Give name in full.) (Surname.)

(Signature) P E Nissal

(Physician, ~~midwife, father or mother.~~)

DEC 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. 666 111-029-447 St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 75163

Primary Registration District No. 2141 Registered No. 162

Full Name of Child James ARTHUR Woody

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Nov. (Month) 11 (Day) 1919 (Year)

FULL NAME Lauren Thomas FATHER L. T. Woody	FULL MAIDEN NAME May Bell MOTHER Maibell Umphress
RESIDENCE Palouse	RESIDENCE Palouse
COLOR white AGE AT LAST BIRTHDAY 28 (Years)	COLOR white AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Wash	BIRTHPLACE Ohio
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 2 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

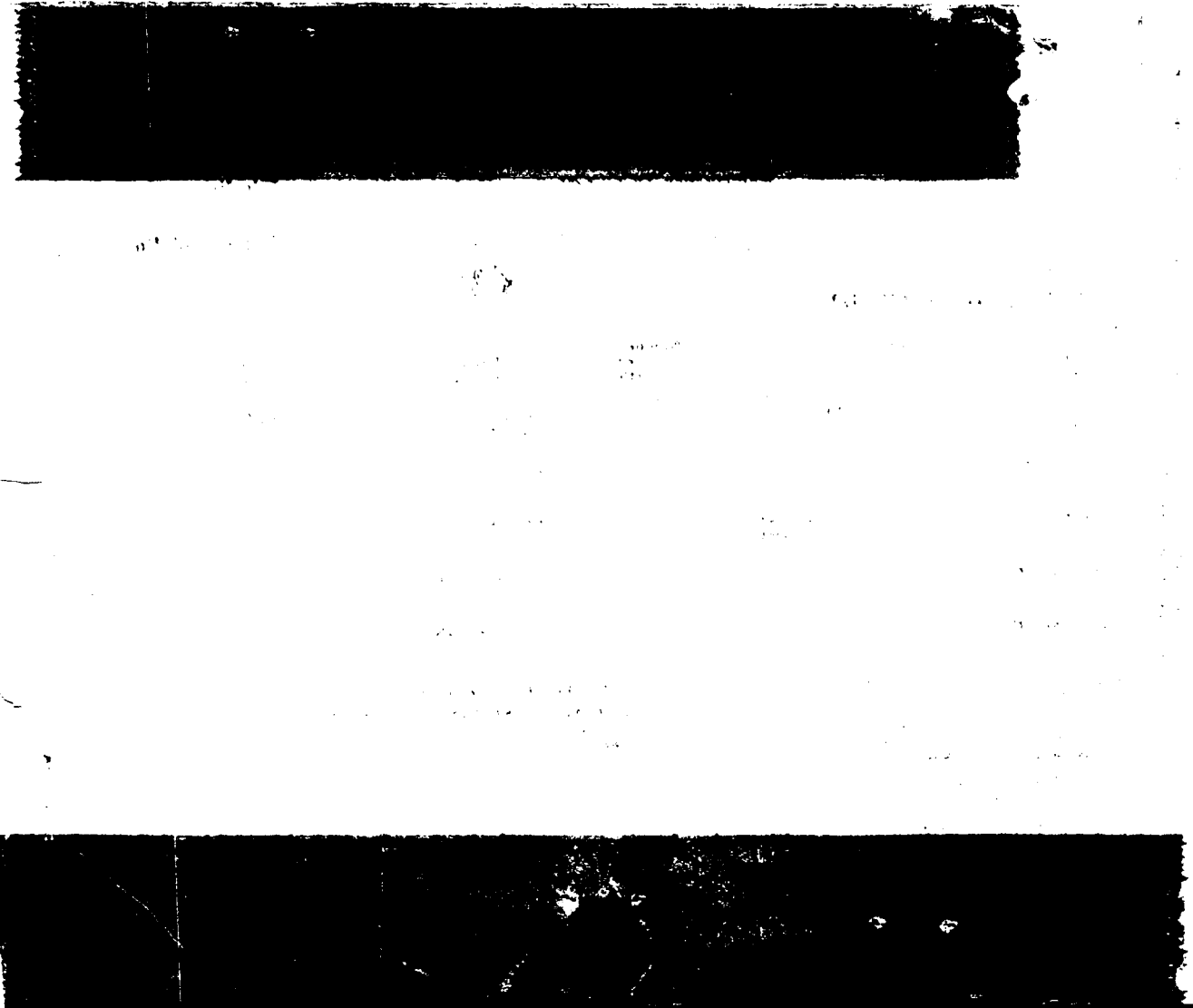
..... 19.....

Address .....

Registrar

Filed 12/15 1919 W. H. Carothers

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Linn }

Certificate No. 75163

JAN 26 1942

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for James Arthur Wooddy (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 11, 1919 (DATE OF EVENT)
in Moscow, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	James A. Woody	James Arthur Wooddy
name of father	L. T. Woody	Lauren Thomas Wooddy
name of mother	Maebell Umphress	May Bell Umphress

Subscribed and sworn to before me this 23rd day of January, 19 42.

Notary Public, residing at Albany, Ore on
My commission expires September 28, 1942
(SEAL)

Signed Lauren Thomas Wooddy
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, OR COMMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Sargent Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Linn }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of January, 19 42.

Notary Public, residing at Albany, Oregon
My commission expires September 28, 1942
(SEAL)

Signed Mattie B. Eggleston aunt
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Brownsville, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By .....
(REGISTRAR'S SIGNATURE)

386-201-029-231

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Carithers

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

75164

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 159

FULL NAME OF CHILD Rose Ellen Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 1 1919

FATHER		MOTHER	
FULL NAME	Jeshurun Thompson	FULL MAIDEN NAME	Rose Blaser
RESIDENCE	Galata Montana	RESIDENCE	Galata Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Neb.	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 4 1919 W. H. Carithers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1943

1940

276-230-029-493

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61 File No. 75166

No. ..... St.

Primary Registration District No. 1011 Registered No. 158

Hospital Cauthers.

FULL NAME OF CHILD Lois Stone

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 30 1919

FATHER

FULL NAME Charles Fred Stone

RESIDENCE Moscow

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kansas

OCCUPATION Hardware Clerk

MOTHER

FULL MAIDEN NAME Effie Miller

RESIDENCE Moscow

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist

Physician (Physician or midwife)

Address Moscow Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 4 1919 W. H. Cauthers Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 469-124-1029-813

County of Kalab

City of Muscow

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 75167

Primary Registration District No. 1011 Registered No. 174

Full Name of Child Willard Davis W. D. Morgareidge

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		yes	Dec 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. W. Morgareidge	FULL MAIDEN NAME	Alberta Hale
RESIDENCE	Muscow	RESIDENCE	Muscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~) at 11-a-M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__ Address _____

_____ Registrar

Filed 1/8 1920 W. H. Carothers Registrar

K

STATE OF IDAHO

CERTIFICATE OF BIRTH

File No

Registered No.

Full Name of Child

FATHER

MOTHER

DECEASED

NOV 27 1959

DEC 13 1959

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

523-121-029-231

5m-6-18-18

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

Registration District No. 61 File No. 75168

Primary Registration District No. 1911 Registered No. 175

Full Name of Child Mary K. Este

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Dec 21 1919

	FATHER	MOTHER
FULL NAME	J. W. Este	FULL MAIDEN NAME Effie Blankenship
RESIDENCE	Moscow	RESIDENCE Moscow
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	41	40
BIRTHPLACE	Ark	Mo.
OCCUPATION	Laborer	Hous wife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 6-P-M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address ____

Filed 1/8 1920 N. H. Carruthers

Registrar

PLACE OF BIRTH

County of

APR 11 1958

No. St.

Hospital

Registration District No.

Primary Registration District No.

File No.

Registered No.

Full Name of Child

SEX OF CHILD	Twin Triple or other?	Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER
RESIDENCE			RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)		COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE			BIRTHPLACE	
OCCUPATION			OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M on the date above stated.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

19 Address .....

Filed ..... 19 .....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

813-219-029-623

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75169

Registration District No. 61 File No. _____

Primary Registration District No. 1011 Registered No. 176

Full Name of Child _____

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Dec. 19 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. E. Hall	FULL MAIDEN NAME	Benla Ostheller
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White AGE AT LAST BIRTHDAY 21 (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 4 a. M on the date above stated.

Premature died in 24 hours

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19 ____ Address _____

_____ Registrar Filed 1/8 1920 W H Carothers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11 [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No.

File No.

Primary Registration District No.

Registered No.

Full Name of Child

SEX OF CHILD	Twin Triplet or other?	Number in order of birth	Legitimate?	DATE OF BIRTH
	(To be answered in [illegible] of [illegible] births)			(Month) Day (Year) 19

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

(Born alive or stillborn) at M

(Signature)

If not there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that did not breathe nor show other evidence of the life birth.

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child, a separate return must be made for each and the number of each, in order of birth stated.

168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Moscow

No. _____ St.

Hospital _____

Registration District No. 61 File No. 75170

Primary Registration District No. 1011 Registered No. 177

Full Name of Child Ferris L. Carlson

SEX OF CHILD: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | DATE OF BIRTH: Dec (Month) 30 (Day) 19 (Year)

FATHER

FULL NAME: John A. Carlson
RESIDENCE: Moscow
COLOR: white AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Idaho
OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Tracy E Johnson
RESIDENCE: Moscow
COLOR: white AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Idaho
OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 7-a- M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 1/8 1920 W. H. Carithers Registrar

Form V. S. No. 11 -25m-6-14-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 24 1942

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. 75170

Primary Registration District No. ..... Registered No. .....

JAN 15 1976

Full Name of Child

SEX OF CHILD	Twin Triplet or other?	Number and in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year) 19
	(To be answered only in event of plural births)			

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breaths nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address .....

..... Registrar ..... Filed ..... 19 ..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate return must be made for each, and each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

563-101-0[illegible]-795

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 75171

Primary Registration District No. 1011 Registered No. 161

Full Name of Child Robt W. Nolan

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Nov. (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. W. Nolan	FULL MAIDEN NAME	Charity Greenwood
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 12 M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Moscow

Filed 12/15 1919 W H Carithers

Registrar

632-213029-319

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Moscow

No. _____ St.

Hospital _____

Registration District No. 61 File No. 75172

Primary Registration District No. 1011 Registered No. 163

Full Name of Child Ellen J. Olson

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		yes	Nov 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. A. Olson	FULL MAIDEN NAME	Ethel Carlson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 9-P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address _____

_____ Registrar Filed 12/15 1919 N. H. Carothers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

Full Name of Child

SEX OF CHILD	Twin Triplet or other?	Number and order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER
COLOR	AGE AT LAST BIRTHDAY		COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE			BIRTHPLACE	
OCCUPATION			OCCUPATION	

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Signature

Given names added from a supplemental report

Address

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. SEE PARAGRAPH 4 ON REVERSE SIDE. Do not use this form for shame or fraud. Please do not write in the space of the case of the birth of the child.

844-224-029-799

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 75173

Primary Registration District No. 1011 Registered No. 164

Full Name of Child Ann K. Humphrey

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Nov. 24 19

FATHER		MOTHER	
FULL NAME	J. J. Humphrey	FULL MAIDEN NAME	Eula Grice
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho.	BIRTHPLACE	MO.
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7-a- M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/15 1919 W. H. Saunders Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1962

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No.

File No. 5173

Registered No. 164

Full Name of Child

SEX OF CHILD	Twin Triple or other	Number and order of birth	Legitimate?	DATE OF BIRTH (Day) (Year)
FULL NAME	FATHER		FULL MAIDEN NAME	
RESIDENCE			RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY		COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE			BIRTHPLACE	
OCCUPATION			OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was ..... on the date above stated.

Signature

Given names added from a supplemental report.

..... 19 ..... Address .....

Registrar ..... Filed 12/15 19 ..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE BIRTH CERTIFICATE must be made for each and the same number in order of birth.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated.

[redacted]

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Moscow

Registration District No. 61

File No. 75174

No. ..... St.

Primary Registration District No. 1011

Registered No. 165

Hospital .....

Full Name of Child Delcie Margaret Neal

SEX OF CHILD: Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Nov. 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	V. L. Neal	FULL MAIDEN NAME	Essie E. Evans
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Hous wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1 - P. M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 12/15 1919 W. H. Carithers
Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 2 8 1944

File No.

Registered No.

Full Name of Child

	Twin	Number	Legitimate	
	Triple	Order		
	Other	Birth		
FULL NAME	FATHER		FULL NAME	MOTHER
			RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY		COLOR	AGE AT LAST BIRTHDAY
CHIEF OCCUPATION			BIRTHPLACE	
			OCCUPATION	

Number of children of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF AFFIDAVIT OR PRESENTATION OF SLIPPER

I hereby certify that I attended the birth of this child, who was on the date above stated.

Signature

Given names added from a supplemental report.

19 Address

Filed 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-207-029-345

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 61

File No. 75175

Primary Registration District No. 1011

Registered No. 166

FULL NAME OF CHILD CATHERINE TERESA LINEHAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec. 2, 1919

FATHER		MOTHER	
FULL NAME	Arthur Linehan	FULL MAIDEN NAME	Kate Cunningham
RESIDENCE	Genesee, Idaho	RESIDENCE	Genesee, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

19

Registrar

Filed Dec. 2" 1919

W. H. Carthers
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 75175

Date Filed NOV 4 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for no name (Name on Original Certificate) who was born (Was Born or Died) on December 2, 1919 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Catherine Teresa Lineham

Subscribed and sworn to before me this 31st. day of October, 1942

Notary Public, residing at Genesee, Idaho.

My commission expires May 3, 1943. (Seal)

Signed A. C. Lineham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Genesee, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of October, 1942

Notary Public, residing at Genesee, Idaho

My commission expires May 3, 1943 (Seal)

Signed Mrs Elizabeth Lineham
(Signature of Any Credible Person Other Than Previous Year)

Genesee, Idaho
(Street Address, City, State)

NOV 5 1942

8/15-212-029-255

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Carothers

Registration District No. 61

Primary Registration District No. 1011

File No. 75176

Registered No. 167

FULL NAME OF CHILD Mary Keene Haven

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 12 1919

FATHER		MOTHER	
FULL NAME	Ira William Haven	FULL MAIDEN NAME	Elsie Jane Keene
RESIDENCE	Kendrick Ida	RESIDENCE	Kendrick Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. H. Carothers

Physician (Physician or midwife)

Address Moscow Ida

Filed Dec 13 1919 W. H. Carothers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-122029-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow — Registration District No. 61 — File No. 75177

No. 410 N. Lincoln St.

Hospital — Primary Registration District No. 1011 — Registered No. 169

FULL NAME OF CHILD Randall Arthur Jack

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Dec. (Month) 22 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Arthur Robert Jack	FULL MAIDEN NAME: Ina Lucretia Wilson
RESIDENCE: Father dead since Aug. 31	RESIDENCE: 410 N. Lincoln St.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Arcadia Kansas	BIRTHPLACE: Alta Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature) Virgil M. Gilchrist M.D.
Physician
(Physician or midwife)

Address 703 S. Adams St. Moscow, Ida.

Filed Dec. 22" 1919 — N. H. Carothers

Registrar — Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 75177

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Randal Arthur Jack (Name on Original Certificate) who was born (Was Born or Died) on Dec. 22, 1919 (Date of Event)
in Moscow (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on June 28, 1945 (Give Date), are:
Marriage License July 12, 1938 Viewed by V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Randal	Randall

Subscribed and sworn to before me this 17 day of April 1957.
Winnie Wilson
Notary Public, residing at Moscow, Idaho
My commission expires 6-2-60
(Seal)

Signed Mrs Dna Jack
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
721 W First Moscow Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1957.
Notary Public
Notary Public, residing at Moscow - Idaho
My commission expires 6-2-57
(Seal)

Signed Mrs Dna Wilson
(Signature of Any Credible Person)
Route 3 Moscow Idaho
(Street Address, City, State)

FORM DPH 55.155

4-17-57

MAY 7 1957

365-221-029-766 added name & amend date 7-5-84 dl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. 120 So. Main St.

Hospital The Gritman

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 75178

Primary Registration District No. 1011 Registered No. 172

FULL NAME OF CHILD Ethel B. Longley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	Dec. 21 1919

FATHER		MOTHER	
FULL NAME	Lewis Edward Longley	FULL MAIDEN NAME	Laura Alice Goff
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Clinton Missouri
OCCUPATION	Horticulturist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:55 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho.

Registrar

Filed 12/26 1919 W. H. Carithers Registrar

NOV 20 1968

4-3-84

RECEIVED
JUL 3 1984
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 75178
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Longley (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 22, 1919 (Date of Event)

in Moscow (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ethel B. Longley
birth date	Dec 22, 1919	Dec 21, 1919

Subscribed and sworn to before me this 20th day of June, 19 84.

Notary Public, Tamara J. DeLiver

Residing at 2250 Como Av St Paul MN 55108

My commission expires 10-13-88

(Seal) NOTARY PUBLIC MINNESOTA RAMSEY COUNTY TAMARA J. PETERSON Notary Public, Ramsey County, Minn. My Commission Expires Oct. 13, 1988

x Ethel B. Longley
Signature of Applicant

x 1156 - Laurel - St Paul Mn 55104
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed __)
(Is not necessary __)

State of _____ } ss.
County of ISLAND

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June, 1984.

Notary Public, Margaret A. Heim

Residing at Langley WA 98260

My commission expires 12-22-84

(Seal)

Mary A. Iverson
Supporting Signature

5934 S. Forest Glenn Dr
Street Address, City, State
Langley, Wa 98260

1 cc pd

Pupils permanent Record lists student as Ethel Bernadine Longley born Dec 21, 1919 as student enrolled Sept 3, 1930 in Minneapolis Public Schools. Viewed by V.S.

JUL 5 1984

University of Minnesota statement gives Ethel B Longley was enrolled in the University from March 1938 through June 1940. Viewed by V.S. Birth date listed as Dec 21, 1919

248-112029-419

PLACE OF BIRTH

County of Latah

City of Moscow

No. 120 So Main St.

Hospital The Gritman

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 75179

Primary Registration District No. 1011 Registered No. 171

FULL NAME OF CHILD Paul Clinton Smyth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 12 - 1919

FATHER		MOTHER	
FULL NAME	Sidney Park Smyth	FULL MAIDEN NAME	Addie Marea Findley
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Poultry Instructor U of I	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Moscow, Idaho.

Filed 12/26 1919 W. H. Carithers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 4 1973

MAY 1 0 1942

319-111-029.162

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-5-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 75180

Primary Registration District No. 1011 Registered No. 170

FULL NAME OF CHILD Carl Donald Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 11th 1919

FATHER

FULL NAME Carl Frederick Carlson

RESIDENCE Juliaetta Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Florence, Minn.

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Hazel Ann Joslin

RESIDENCE Juliaetta, Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Troy, Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/26 1919 W. H. Carithers Registrar

c.c. 5/20/41. w.h.

331-26-129-466

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-4-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 75181

Primary Registration District No. 6011 Registered No. 173

FULL NAME OF CHILD ARTA WINIFRED CLARK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Dec 26 1919

FATHER		MOTHER	
FULL NAME	Laurance Earl Clark	FULL MAIDEN NAME	Myrtle Virgina Moore
RESIDENCE	Moscow	RESIDENCE	[redacted] Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Salem Ind.	BIRTHPLACE	Gifford Ida
OCCUPATION	Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Caufield M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Jan 8 1920 W. J. Carothers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

FEB 16 1942

Certificate No. 75181

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Clark (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec 26 1919 (DATE OF EVENT)
in Moscow Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Self + Grandmother as Witness at birth (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 12/26/1919 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Clark	Arta Winifred Clark

Subscribed and sworn to before me this 13
day of Feb 1942

Notary Public, residing at Los Angeles County Calif.

My commission expires My Commission Expires Nov. 10, 1943
(SEAL)

Signed Lawrence Earl Clark-Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

614 Irving Alhambra Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of Feb 1942

Notary Public, residing at Alhambra Calif.

My commission expires My Commission Expires Nov. 10, 1943
(SEAL)

Signed Mrs. Ida Moore, Grandmother
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

422 So. Hayes Moscow Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 16 1942 By
(REGISTRAR'S SIGNATURE)

693-214025-917 [redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 75182

No. ..... St.

Primary Registration District No. 1001 Registered No. 68

Hospital .....

FULL NAME OF CHILD Jessie Marcele Wilkin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes	Dec 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George W Wilkin	FULL MAIDEN NAME	Lila J Rapp
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Wise	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Grangeville Ida

Filed Jan 6 1920 G S Stockton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Hospital's title

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RECORD TYPE

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho

County of Idaho

RECEIVED APR 8 1964 Bureau of Vital Statistics

Certificate No. 75182

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Jessie Wilkin (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1919 (Date of Event)

in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Jessie Wilkin	Jessie Marcele Wilkins
Father's Last Name	Wilkin	Wilkins

Subscribed and sworn to before me this 4th day of March, 1964.

Notary Public, residing at Grangeville Idaho

My commission expires 3-16-65

(Seal)

Signed Lila J. Wilkins (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 42 Kamiah Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 1964.

Notary Public, residing at Grangeville Idaho

My commission expires 3-16-65

(Seal)

Signed Vernon Higgins (Signature of Any Credible Person)

Box 42 Kamiah, Idaho (Street Address, City, State)

FORM DH 60-155

CL 2-27-64. one copy pd. rec. #16275.

~~adding mother~~
adding middle name of child -

Own Child's Birth Cert. on file: (Idaho Birth) #49-13856 gives full maiden name of mother as Jessie Marcele Wilkins - viewed by V.S.

APR 9 1964

Photo copy of Ohio National Iife Insurance Policy, dated April 10, 1945 gives full name of insured as Jessie Marcele Higgins, age 25, beneficiaries are given as Jesse Vernon Higgins, husband or Gary Donald Higgins, son. - viewed by V.S.

Photo Copy of Marriage Certificate, State of Idaho, County of Idaho, married March 20, 1941 at Grangeville, Idaho gives full name of groom as Vernon Higgins and full name of bride as Marcele Wilkins - viewed by V.S.

545-225

PLACE OF BIRTH

025666

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 75184

Primary Registration District No. 1001 Registered No. 66

FULL NAME OF CHILD DOROTHY MARGARETTE ~~Dorthy Marguirite~~ Vincent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec. 25 1919

FATHER		MOTHER	
FULL NAME	Tammumy Clyde Vincent	FULL MAIDEN NAME	Lillian Mabel Woolman
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Lewiston Idaho	BIRTHPLACE	St Joseph Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. S. Chipman

Physician

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan 6 1920 G. O. Stricklin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Orange }

Certificate No. 75184

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorthy Marguritte (Name on Original Certificate) who Born (Was Born or Died) on Dec. [illegible] 1922 (Date of Event)
in Orange Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 26, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorthy Marguritte	Dorothy Margarette Vincent
		Dorothy Margarette Vincent

Subscribed and sworn to before me this 6th
day of October, 19 42.
Zula V. Creamer
Notary Public, residing at Huntington Beach
My commission expires Feb. 20th, 1946
(Seal)

Mother
Signed Lillian M. Vincent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
318-9th St. Huntington Beach, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Orange }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of October, 19 42.
Zula V. Creamer
Notary Public, residing at
My commission expires Feb. 20th, 1946
(Seal)

Grandmother
Signed Frances E. Murphy.
(Signature of Any Credible Person Other Than Previous Year)
618- 11th St. Huntington Beach, Cal.
(Street Address, City, State)

DEC 10 1942

693-221-025-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 75185

Primary Registration District No. 1001 Registered No. 65

FULL NAME OF CHILD Leora Emma Wilson

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec. 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Wilson	FULL MAIDEN NAME	Leona Belle Broyles
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Grangeville Ida	BIRTHPLACE	Alliance Nebr.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grangeville Ida

Filed Jan 6 1920 G. D. Stockton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 11 1949

415-128-025-469

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

Registration District No. 103 File No. 75186

Primary Registration District No. 2181 Registered No. 64

FULL NAME OF CHILD Alton Edwin Randall

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 28 1919

FATHER		MOTHER	
FULL NAME	Almon Elija Randall	FULL MAIDEN NAME	Jay Myra Dorman
RESIDENCE	Mt Idaho	RESIDENCE	Mt Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Leio Oregon	BIRTHPLACE	Mt Idaho Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 10 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. B. Chipman Physician (Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jun 6 1920 G. D. Stricklin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1942

356-228-025-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Winona

No. ..... St.

Hospital .....

Registration District No. 103

File No. 75187

Primary Registration District No. 2181

Registered No. 63

FULL NAME OF CHILD Opal Irene Leonard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug. 28 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Pascoe Leonard	FULL MAIDEN NAME	Sadie Catherine Barton
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Ark.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nanyville Ida.

Filed Jan 6 1920 G. D. Stockton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1957

693-101-025-666

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 103 File No. 75188

No. ..... St.

Primary Registration District No. 2181 Registered No. 61

Hospital .....

FULL NAME OF CHILD William Thompson Williams

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Dec 1 1919

FATHER	MOTHER
FULL NAME Mackey Williams	FULL MAIDEN NAME Hazel P Wood
RESIDENCE Grangeville	RESIDENCE Grangeville
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10-10 9, M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Ida

Filed Jan 6 1920 G S Stockton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1950
MAR 20 1952

MAY 20 1952

SEP 1 8 1941

445-201-025-866

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75189

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 62

FULL NAME OF CHILD Betty June Mundt.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
F				Yes	Dec 1 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Mundt	Myrtle O Howard
RESIDENCE	Grangeville	Grangeville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Ida

Filed Jan 6 1920 G O Stockton

Registrar

297-201-075-413

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

Primary Registration District No. 1009

File No. 75190

Registered No. 367

FULL NAME OF CHILD Killia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec. 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. F. Killia	FULL MAIDEN NAME	Chloe Mattock
RESIDENCE	Penowawa, Washington	RESIDENCE	Penowawa, Washington
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Tennessee
OCCUPATION	Railroad Employe	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:05 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Alley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed Jan 8 1920 Irma E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-102-1035-599

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital Yes

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 75191

Primary Registration District No. 1009 Registered No. 368

FULL NAME OF CHILD Donald Peyton Hogan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 2nd 1919

FATHER

FULL NAME Marion A Hogan

RESIDENCE 302-13th St Lewiston Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Grangeville Idaho

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Nance M Eustice

RESIDENCE Lewiston Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Dubuck Minn

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Bonnee MD

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 8 1920 Susan E Bonnee Registrar

B-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

144102 035-719

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston.

No. 1504 Main. St.

Hospital Whites.

Registration District No. 96

Primary Registration District No. 1009

File No. 75192

Registered No. 369

FULL NAME OF CHILD Louis Frank Judkins.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	X	Yes	12 2 1919

FATHER	MOTHER
FULL NAME: Frank E. Judkins.	FULL MAIDEN NAME: Harriet Partridge.
RESIDENCE: Pomeroy, Wash.	RESIDENCE: Pomeroy, Wash.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Minnesota.
OCCUPATION: Farmer	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 3:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White MD

(Physician ~~or midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan 5 1920

Noan E Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

557-103-035-79-7

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

Registration District No. ~~100~~ 96

File No. 75193

No. ..... St.

Primary Registration District No. 1009

Registered No. 370

Hospital St. Josephs

FULL NAME OF CHILD Fred Arvid Englund

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec - 3 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred N. Englund	FULL MAIDEN NAME	Franc Gilles
RESIDENCE	Clarkston, Wash	RESIDENCE	Clarkston Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Montana
OCCUPATION	Manual training teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed Jan 8 1919 Susan E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-6-41

718-203-035-912

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main *St.*

Hospital Whites.

Registration District No. 96 **File No.** 75194

Primary Registration District No. 1009 **Registered No.** 371

FULL NAME OF CHILD Laura Marie Payden.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	12 (Month) 3 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George A Payden	FULL MAIDEN NAME	Maud Raborn.
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minnessota	BIRTHPLACE	Washington.
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 8 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1954

JUN 26 1942

795-205-703-555

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96 File No. 75195

Primary Registration District No. 1009 Registered No. 372

FULL NAME OF CHILD MARY ELIZABETH Pierstorff

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Dec -5- 191 9 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John C. Pierstorff	FULL MAIDEN NAME	Sarah Vennigerholz
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	AGE AT LAST BIRTHDAY	43 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. at 10.45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Bradshaw (Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 8 1920 Susan E. Brune Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 75195

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was Born (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on May 14th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Elizabeth Pierstorff

Subscribed and sworn to before me this 14th day of May, 1942

Signed Sarah Charlotte Pierstorff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Lewiston Idaho

My commission expires April 15th 1942 (Seal)

Star Route Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

MAY 16 1942

MAY 21 1942

JUN 13 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

235-207-035-891

County of Nezperce

City of Lewiston

No. 861 Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 75196

Primary Registration District No. 1009 Registered No. 373

FULL NAME OF CHILD Esther Boneve Steele

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth	Legitimate?	Date of Birth
female	4 (To be answered only in event of plural births)	yes	December 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer J Steele	FULL MAIDEN NAME	Mollie E Hiatt
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Liveryman	OCCUPATION	Housewife

Number of child of this mother including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Dunman MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 512 Main St Lewiston Ida

Filed Jun 8 1920 Mann E Brice

Registrar

APR 1 1942

JUL 2 8 [redacted]

652-109.0 35-25-4

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce.

City of Dewiston, Idaho.

No. Liberty Hotel St.

Hospital

Registration District No. 96

File No. 75197

Primary Registration District No. 1009

Registered No. 374

FULL NAME OF CHILD James Howard West.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	x		x	Yes	12 (Month) 9 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James B. West	FULL MAIDEN NAME	Addie A. Snuder.
RESIDENCE	Lewiston, Idaho.	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Oro Fino, Idaho.
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) 10:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White MD

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Lewiston Ida

Filed Jan 8 1919 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of CLEARWATER }

Certificate No. 75197

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for none (Name on Original Certificate) who born (Was Born or Died) on Dec. 9, 1919 (Date of Event) in Lewiston, Nez Perce County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on shortly after this birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	James Howard West

Subscribed and sworn to before me this 20th day of August, 19 42

Notary Public, residing at Orofino, Idaho

My commission expires May 10, 1945
(Seal)

Signed Edna Snyder West
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Mother)

Orofino, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Clearwater }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of August, 19 42

Notary Public, residing at Orofino, Idaho

My commission expires May 10, 1945
(Seal)

Signed Mrs Rose Pasila
(Signature of Any Credible Person Other Than Previous Year)

Orofino, Idaho
(Street Address, City, State)

AUG 20 1942

FEB 1 1 1976

235-211-035-795

PLACE OF BIRTH

Amended 9/27/74

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. T. No. 11-C—25m-1-1-19

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 75198

No. ..... St.

Primary Registration District No. 1009

Registered No. 375

Hospital Yes

FULL NAME OF CHILD Janet Lily Blewett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Dec (Month) 11 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John L Blewett	FULL MAIDEN NAME	Lily May Pier
RESIDENCE	Gifford Idaho	RESIDENCE	Gifford Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Lafayette Co	BIRTHPLACE	Springfield Ills
OCCUPATION	Bilmonk Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12.30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F P Thomas MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Ida

Filed Jan 8 1920 Susan E Bruce

Registrar

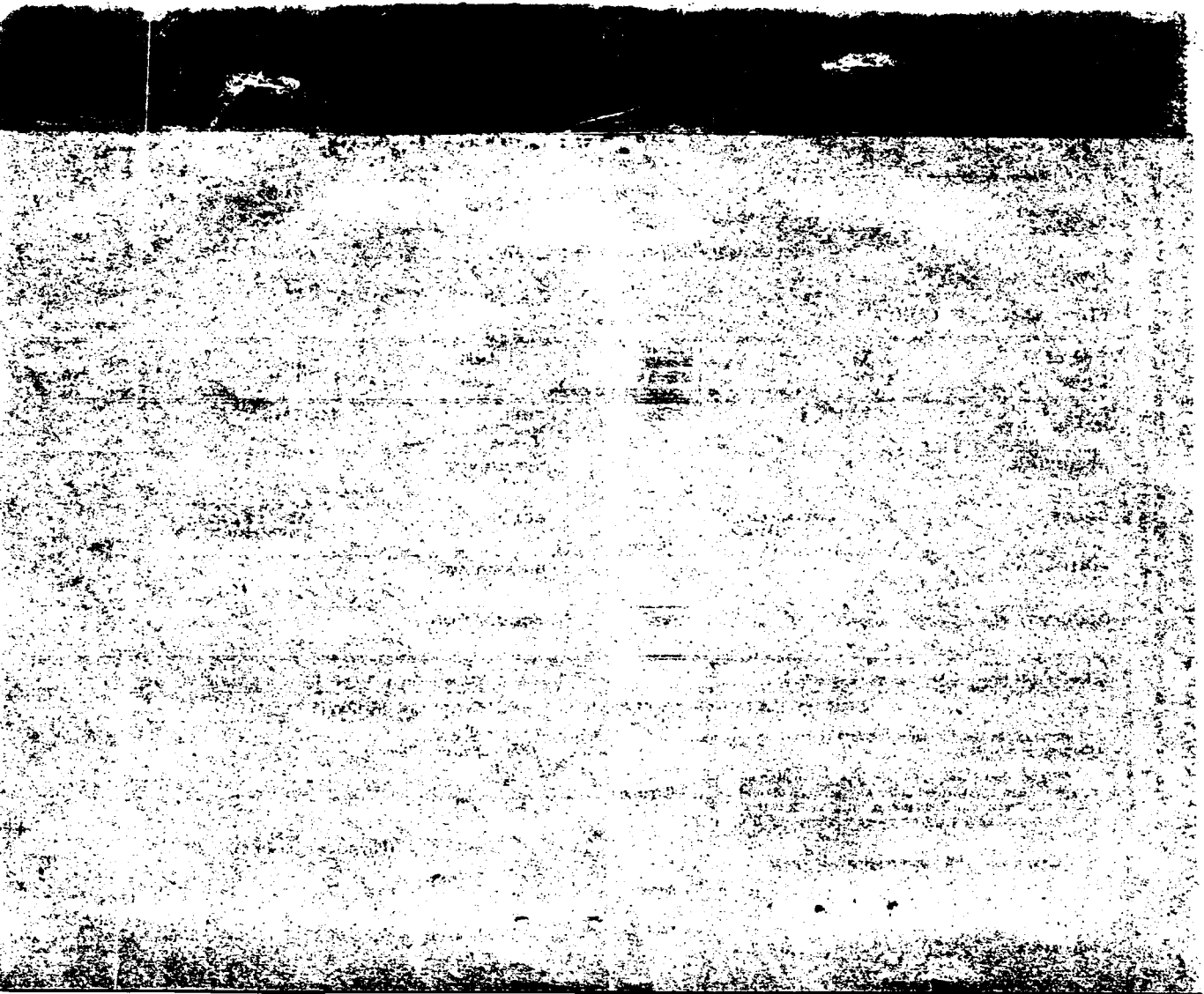
Registrar

S-Y CO. 24058

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUR. OF VITAL STATISTICS
AUG 27 11 04 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 75198

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lily Jennet Blewett (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1919 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Lily Jennet Blewett	Janet Lily Blewett

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of August, 1974

Estella Ward
Notary Public, residing at San Diego, Ca.
My commission expires Feb. 23, 1977

Signed Aaron E. Blewett
(Signature of Any Credible Person)

16630 San Salvador Ct, San Diego, Ca 92128
(Street Address, City, State)

ESTELLA WARD NOTARY PUBLIC SAN DIEGO COUNTY, CALIFORNIA My Commission Expires Feb. 23, 1977

FORM PDH 60-1155

CL 4-6-65. one copy pd. rec. #10424.

Public School Diploma from Idaho gives name as Janet Blewett dated on Aprl 29, 1932. viewed by V. S.

SEP 27 1974

Social Security Card (518-14-5289) for Janet Lily Blewett. dated 4-28-38. viewed by V. S.

Calif. driver's license issed in 1973 gives name as Janet Lily White. born 12-11-19. expires in 1977. viewed by V. S.

691-112-1035-514

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 2606 17th Ave. St.

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No. 75199

Registered No. 376

FULL NAME OF CHILD Richard L. Frary.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	12 12 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Andy Frary	FULL MAIDEN NAME: Francis Vaughn
RESIDENCE: Unknown	RESIDENCE: Lewiston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Unknown.	BIRTHPLACE: North Dakota.
OCCUPATION: Miner	OCCUPATION: Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or still born) at 10:30A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

(Signature) Edgar Lewis M.D.

(Physician or midwife)

Address Lewiston Ida.

Filed Jan 8 19 20 Brown E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-1141035-314

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez perce

City of Lewiston

No. 1504 Main St.

Hospital Whites

Registration District No. 96

File No. 75200

Primary Registration District No. 1009

Registered No. 377

FULL NAME OF CHILD Powell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	X		X	Yes	12 (Month) 14 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A.J.Powell	FULL MAIDEN NAME	Emma Laurgard.
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin.
OCCUPATION	Veternarian.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White MD

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address

19

Registrar

Filed Jan 8 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

City of Lewiston — Registration District No. 96 — File No. 75201

No. 310 2d Av. St. — Primary Registration District No. 1009 — Registered No. 378

Hospital

FULL NAME OF CHILD Elizabeth J. Chrisman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 16 1919

FATHER		MOTHER	
FULL NAME	Elmer Peter Chrisman	FULL MAIDEN NAME	Josephine Bond
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White — AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Church

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Bunnell Bld

19

Filed Jan 8 1920 Susan E. Bruce

Registrar — Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted]

NOV 15 1974

36-217-035-234

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75202

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 379

FULL NAME OF CHILD Schoemaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 17 1919

FATHER		MOTHER	
FULL NAME	Joseph G. Shoemaker	FULL MAIDEN NAME	Sarah K. Scully
RESIDENCE	Silcott, Wash	RESIDENCE	Silcott, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Wisconsin	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Registrar

Filed Jan 5 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1919-D72-278

263-22-035-945

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

County of Nez Perce.

City of Lewiston.

No. 1504 Main St. St.

Hospital Whites.

Registration District No. 9b

Primary Registration District No. 1009

File No. 75203

Registered No. 380

FULL NAME OF CHILD ~~Dorothy Jane Bollinger.~~ ELIZABETH ANN BOLLINGER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	12 22 1919

FATHER	MOTHER
FULL NAME: Wm. Bollinger	FULL MAIDEN NAME: Ella Runge.
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Germany
OCCUPATION: Retired Hotel Man.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 10:00P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Edgar L Wible M.D.

(Physician or ~~Midwife~~)

Address Lewiston

Filed Jan 8 1920 Susan E. Burr
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce

Certificate No. 75203

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Dorothy Jane Bollinger (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 22nd 1919. (DATE OF EVENT) in Lewiston Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1929 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Dorothy Jane	Elizabeth Ann Bollinger

Subscribed and sworn to before me this 25th day of January 1943

Notary Public residing at Lewiston Ida

My commission expires April 19th 1944 (SEAL)

Signed (Mrs.) Ella Bollinger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

911-8th Ave. Lewiston
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of January 1943

Notary Public residing at Lewiston Ida

My commission expires April 19th 1944 (SEAL)

Signed X Ray C. Tolman M.D.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Lewiston Orchards
Lewiston Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 1 1943

413-225-035-15-4

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 1918 Main St.

Registration District No. 96 File No. 75204

Primary Registration District No. 1009 Registered No. 381

Hospital

FULL NAME OF CHILD Fred Madeline Mattoon

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 25 (Month) (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME: Geo Mattoon	FULL MAIDEN NAME: Pearl Anderson
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston Idaho.
COLOR: White	AGE AT LAST BIRTHDAY: 27 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Mont.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carson

(Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 5 1918 Byron E Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-227.035-253

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston.

No. 1504 Main St.

Hospital Whites.

Registration District No. 96

File No. 75205

Primary Registration District No. 1009

Registered No. 382

FULL NAME OF CHILD Virginia Jean Boozer.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	12 (Month) 27 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Boozer	FULL MAIDEN NAME	Helen Kelly.
RESIDENCE	Asotin, Washington	RESIDENCE	Asotin Washington.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Illinois.	BIRTHPLACE	Asotin, Washington.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Lewiston

Filed Jan 8 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1966

FEB 6 1951

NOV 2 8 1948

791-127.035-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston.

No. 1504 Main St.

Hospital Whites.

Registration District No. 96

File No. 75206

Primary Registration District No. 1009

Registered No. 383

FULL NAME OF CHILD Wallace W. Gray.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	12 (Month) 27 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Burns Gray	FULL MAIDEN NAME	Carie Murch
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Oregon.
OCCUPATION	Auto Repair Man.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 10:30A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White MD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Lewiston

Filed Jan 8 1920 Susan E Bruce

Registrar

236-228-035-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-27

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nezperces

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 9 C

Primary Registration District No. 1009

File No. 75207

Registered No. 384

FULL NAME OF CHILD Wanda Stonebreaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Dec 28 1919

FATHER

FULL NAME: Geo E. Stonebreaker

RESIDENCE: Silcott, Wash

COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emma C. Robinson

RESIDENCE: Silcott, Wash

COLOR: White — AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Wash.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 — Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. ..... M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

K ..... 19....

..... Registrar

(Signature) Paul W. Johnson

(Physician or midwife)

Address Lewiston, Idaho

Filed Jan 8 1920 Emma E. Bruce Registrar

NOV 18 1944

924-129-035-759

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96 File No. 75208

Primary Registration District No. 1009 Registered No. 385

FULL NAME OF CHILD Charles Isman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 29 1919

FATHER		MOTHER	
FULL NAME	Geo. R. Isman	FULL MAIDEN NAME	Florence Gerlough
RESIDENCE	Clarkston, Wash.	RESIDENCE	Clarkston Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	South Dakota
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

..... (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

..... Registrar

Filed Jan 8 1920 Susan E. Brace Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1956

235-229-035-631

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-47

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperces

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96 File No. 75209

Primary Registration District No. 1009 Registered No. 386

FULL NAME OF CHILD Mary Patricia Stebbins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Dec. 29, 1919

FATHER

FULL NAME Lansford Ray Stebbins

RESIDENCE Lewiston, Idaho.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Iowa

OCCUPATION Contractor

MOTHER

FULL MAIDEN NAME Gertrude F Lannigan

RESIDENCE Lewiston Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE New York

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated, at 3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson (Physician or midwife)

Address Lewiston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 8 1920 Susan E Bruce P.

JUN 2 1 1975

994-130-035-966

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

County of ... Naz. Perce.

City of ... Lewiston.

No. ... 1504 Main St. St.

Hospital ... Whites.

Registration District No. ... 96 ... File No. ... 75210

Primary Registration District No. ... 1009 ... Registered No. ... 387

FULL NAME OF CHILD ... Harry Hobart Rider.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	12 30 19

FATHER

FULL NAME: Harry H Rider

RESIDENCE: Lewiston, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Iowa.

OCCUPATION: Auto Truck Driver

MOTHER

FULL MAIDEN NAME: Margaret Marie Roos.

RESIDENCE: Lewiston, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Housewife.

Number of child of this mother, including present birth ... 1 ... Number of children of this mother now living, including present birth ... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P M. on the date above stated.

(Signature) Edgar L. Whelan

(Physician or ~~midwife~~)

Address Lewiston

Filed Jan 5 1920 Susan E. Bruce
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGINS RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/19/41 L. B.

551-120-035-753

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

Registration District No. 96 File No. 75211

Primary Registration District No. 1009 Registered No. 388

FULL NAME OF CHILD Gale Stanley Evans

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Dec - 20 - 1919

FATHER		MOTHER	
FULL NAME	William Joseph Evans	FULL MAIDEN NAME	Nethee Peterson
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Broadbrook (Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 8 1920 Susan E. Brown

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

693-131-035-789

County of Nez Perce

City of Lewiston

No. 1404 Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 75212

Primary Registration District No. 1009 Registered No. 389

FULL NAME OF CHILD Fred Lewis Hilliard

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	4	yes	Dec. 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren Hilliard	FULL MAIDEN NAME	Dorthy Phillips
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Pensylvania	BIRTHPLACE	Kansas
OCCUPATION	Cannery Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Inman M.D. (Physician or midwife)

Address Lewiston

Given names added from a supplemental report.

19

Registrar

Filed Jan 8 1920 Susan E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-220-035-245

[redacted]

No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Wasatch

City of Gifford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 97

File No. 75213

Primary Registration District No. 274

Registered No. 1-a

FULL NAME OF CHILD Willa Alexandria Munden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	Yes	Sept 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Munden	FULL MAIDEN NAME	Gladys Bundy
RESIDENCE	Gifford Ida	RESIDENCE	Gifford Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X Mrs Grant Hamblen

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Cuesta

Filed Jan. 7 1920 William P. Hubel

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 75213

State of Washington } ss.
County of Whitman }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Willa Alexandria Munden birth
(Birth or Death)
for Willa Alexandra Mundon who born on Sept 20 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Clifford, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Willa Alexandra Mundon	Willa Alexandria Munden
father's name	Ralph Mundon	Ralph W. Munden

Subscribed and sworn to before me this 28th day of February, 1944

Notary Public, residing at Farmington

My commission expires
(Seal)

Signed Ralph W. Munden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Farmington, Washington.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of February, 1944

Notary Public, residing at Farmington, Wash.

My commission expires
(Seal)

Signed Lambee E. Mayfield
(Signature of Any Credible Person Other Than Previous Year)

Farmington, Wash
(Street Address, City, State)

MAR 1 1944

MAR 8 1944

418-125-035-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ney Perce

City of Culdesac R.F.D.

Registration District No. 97 File No. 75214

No. ..... St.

Primary Registration District No. 2174 Registered No. -24a-

Hospital .....

FULL NAME OF CHILD Baby Boy.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male.			Oct. 25 1919. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John - D. Maynard.	FULL MAIDEN NAME	Georgie E. Hazleton
RESIDENCE	Culdesac. R.F.D.	RESIDENCE	Culdesac - R.F.D.
COLOR	white, AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White, AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Dayton - Wash.	BIRTHPLACE	Pomeroy Wash.
OCCUPATION	farmer	OCCUPATION	House wife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 - p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Grant Hamblen

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Culdesac

Filed Jan. 7. 1920 William P. H. Habel.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-228-035-249

PLACE OF BIRTH

County of Nez Perce

City of Sweetwater

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 15215

Primary Registration District No. 3174 Registered No. 28

FULL NAME OF CHILD Lillian Blanche Parks.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	yes	Dec. 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy A. Parks.	Alice B. Smith.
RESIDENCE	Sweetwater.	Sweetwater
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	32.	28.
BIRTHPLACE	Iowa.	Idaho.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 3.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Born alive or stillborn)

(Signature) William P. Hatch MD

(Physician or ~~midwife~~)

Address Lapwai, Ida

Filed Dec. 29 1919 William P. Hatch
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

386-B204-007-613

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 75216

Primary Registration District No. 7075 Registered No. 81

FULL NAME OF CHILD Rhoda Elva Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec. 4 1919

FATHER		MOTHER	
FULL NAME	Grant Thomas	FULL MAIDEN NAME	Luella Wall
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Knudsen & Snyder

(Physician or midwife)

Given names added from a supplemental report.

Rhoda Elva Thomas

W. C. Musgrave State Registrar

Address Carey Idaho

Filed Jan 7 1920 Robert N. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO

BOARD OF HEALTH – BUREAU ~~OF VITAL~~ STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

-75216

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 81

Registration Dist. No. 21

Sex of Child Female

Date of Birth Dec (MONTH) 4 (DAY) 1919 (YEAR)

Father Grant Thomas (FULL NAME)

Mother Luetta Ware (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Rhoda Elna Thomas (GIVEN NAME IN FULL / SURNAME)

as reported by Mrs. G. Thomas (FATHER OR MOTHER)

Robert A. Wright (LOCAL REGISTRAR)

7-10-41

Form V. S. No. 11-C -25m-9-17

PLACE OF BIRTH

County of Blaine

City of Carey

27-126-007-312
No. St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 75217

Primary Registration District No. 2075 Registered No. 80

Hospital

FULL NAME OF CHILD S. Sterling Milford Sparks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 26 1919

	FATHER	MOTHER
FULL NAME	G. Milford Sparks	FULL MAIDEN NAME Minnie Irene Case
RESIDENCE	Carey	Carey
COLOR	W Male	W Male
AGE AT LAST BIRTHDAY	26 (Years)	24 (Years)
BIRTHPLACE	Bear Lake Idaho	Carey Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder
Physician
(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

Sterling Milford Sparks

W. P. Murphy
State Registrar

Filed Jan 7 1920

Robert N. Wright
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH -- BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

75-217

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 80

Registration Dist. No. 21

Sex of Child Male

Date of Birth Dec 26 1919
MONTH DAY YEAR

Father G. Milford Sparks
FULL NAME

Mother Minnie L. Case
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Sterling Milford Sparks
GIVEN NAME IN FULL SURNAME

as reported by Irene Sparks
FATHER OR MOTHER

Robert A. Wright
LOCAL REGISTRAR

DEC 9 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

PLACE OF BIRTH

453-22-007666

County of Bear Lake

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21

Primary Registration District No. 2025

File No. 75218

Registered No. 74

FULL NAME OF CHILD Lula Mecham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 22 1919

FATHER		MOTHER	
FULL NAME	Parley W. Mecham	FULL MAIDEN NAME	Jean Forte.
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	W. Male.	COLOR	W. Fem.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician
(Physician or midwife)

Address Carey Ida.

Given names added from a supplemental report.

Lula Mecham 19.....

W. C. Murphy State Registrar

Filed Jan 7 1920 Robert N. Wright
Registrar

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

75-218

BOARD OF HEALTH -- BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 74

Registration Dist. No. 21

Sex of Child Female

Date of Birth Nov 22 1919 (MONTH DAY YEAR)

Father Parley W. Mecham (FULL NAME)

Mother Jean Foote (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Lula (GIVEN NAME IN FULL) Mecham (SURNAME)

as reported by P. W. Mecham (FATHER OR MOTHER)

Robert A. Wright (LOCAL REGISTRAR)

75-217-002-415

PLACE OF BIRTH

County of Blaine

Form V. S. No. 12-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Carey — Registration District No. 21 — File No. 75219

No. ..... St. — Primary Registration District No. 2075 — Registered No. 75

Hospital .....

FULL NAME OF CHILD Edith Louise Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Nov. 17 (Month) (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	John A. Peterson	FULL MAIDEN NAME	Amy E Davis
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder, Physician (Physician or midwife)

Address Carey, Idaho

Given names added from a supplemental report.

Edith Louise Peterson ..... 19.....

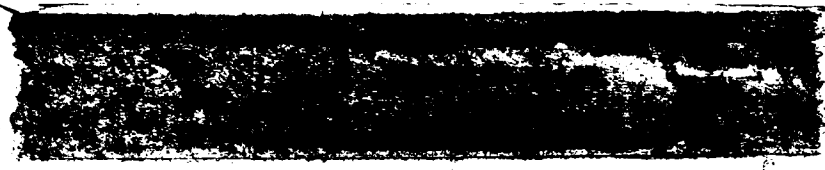
W. C. Murphy ..... Registrar

Filed Jan 7 1920 Robert N. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

not here

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

75-219

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No. .....

County Blaine

Registered No. 75

Registration Dist. No. 21

Sex of Child Female

Date of Birth Nov 17 1919
MONTH DAY YEAR

Father John A. Peterson
FULL NAME

Mother Amy E. Davis
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Edith Louise Peterson
GIVEN NAME IN FULL SURNAME

as reported by Amy Peterson
FATHER OR MOTHER

Robert A. Wright
LOCAL REGISTRAR

NOV 4 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-116-007-231

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21

Primary Registration District No. 2025

File No. 75220

Registered No. 76

FULL NAME OF CHILD Melvin Ballard Cooper

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Nov. 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph S. Cooper	FULL MAIDEN NAME	Mirtia Stanford
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

Melvin Ballard Cooper

W. C. Murphy State Registrar

Address Carey Idaho

Filed Jan 7 1920

Robert H. Wright Registrar

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

75220

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 76

Registration Dist. No. 21

Sex of Child Male

Date of Birth Nov (MONTH) 16 (DAY) 1919 (YEAR)

Father Joseph D. Cooper (FULL NAME)

Mother Nettie Sanford (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Melvin Bassard Cooper (GIVEN NAME IN FULL) (SURNAME)

as reported by Jas. D. Cooker (FATHER OR MOTHER)

Robert A. Albright (LOCAL REGISTRAR)

OCT 29 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

146 2 10 007-353

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21

Primary Registration District No. 2025

File No. 75221

Registered No. 77

FULL NAME OF CHILD Jean Isobel Amos

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov. 16 1919

FATHER		MOTHER	
FULL NAME	Andrew Amos	FULL MAIDEN NAME	Cathrine Telfer
RESIDENCE	Crooks Idaho	RESIDENCE	Crooks Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:28 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Carey Idaho

Filed Jan 7. 1920

Robert H. Wright
Registrar

294-102-007-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21

Primary Registration District No. 2075

File No. 75222

Registered No. 78

FULL NAME OF CHILD ..... DEAN SIMPSON .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Nov. 2 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	C Clarence Simpson	FULL MAIDEN NAME	Ethel M Coleman
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician

(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

Dean Simpson 19.....

W. L. Murphy Asst. Registrar

Filed Jan 7 19 20

Robert N. Wright

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

75-220

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No. .....

County Blaine

Registered No. 78

Registration Dist. No. 21

Sex of Child Male

Date of Birth Nov 2 1917
MONTH DAY YEAR

Father Clarence Simpson
FULL NAME

Mother Ethel M. Coleman
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Dean Simpson
GIVEN NAME IN FULL SURNAME

as reported by Ethel M. Simpson
FATHER OR MOTHER

Robert A. Wright.
LOCAL REGISTRAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 75222

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Dean Simpson (Name on original certificate) who was born (Was born or died) on Nov. 2d, 1919 (Date of event)

in Carey Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Simpson	Dean Simpson

Subscribed and sworn to before me this 15th, day of December, 19 41

W. A. Hoobler

Notary Public, residing at Boise, Idaho

My commission expires Aug. 3d, 1945

[SEAL]

Signed Clarence Simpson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1808 N. 20th, St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th, day of December, 19 41

W. A. Hoobler

Notary Public, residing at Boise, Idaho

My commission expires Aug. 3, 1945

[SEAL]

Signed Ethel M. Simpson
(Signature of any credible person other than the previous affiant.)

1808 N. 20th, St., Boise Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

466-17.007-796

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11 C—Rev. 3-1-17

Registration District No. 21

Primary Registration District No. 2022

File No. 75223

Registered No. 79

FULL NAME OF CHILD ..... Daniel Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes.	Nov 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur O Moore	Helena Gifford
RESIDENCE	Gannett Rd	Gannett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	North Carolina	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. D. L. Moore

(Physician or midwife)

Address Bellevue Ida.

Filed Jan 7 1920 Robert N. Wright

Registrar

NAME CHANGE

MOORE

NOT

Dup of 1919-34/270

366-109-007-993

PLACE OF BIRTH

County of Blaine

City of Tykura

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C [illegible]

Registration District No. 21

Primary Registration District No. 2025

File No. 75224

Registered No. 68

FULL NAME OF CHILD THOMAS DUANE COOK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 9 1919

FATHER		MOTHER	
FULL NAME	Thos E Cook	FULL MAIDEN NAME	Erma J. Richards
RESIDENCE	Tykura	RESIDENCE	Tykura
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stockraiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.

Thomas Duane Cook 19

W. C. Murphy State Registrar

Address Carey, Idaho

Filed Jan 7 1920 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHILDS NAME ADDED PER LFOB

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

75-224

Place of Birth

City Tikura

Street and House No.

County Blaine

Registered No. 68

Registration Dist. No. 21

Sex of Child Male

Date of Birth Oct (MONTH) 9 (DAY) 1919 (YEAR)

Father Thos. C. Cook (FULL NAME)

Mother Erma T. Richards (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Thomas Duane Cook (GIVEN NAME IN FULL) (SURNAME)

as reported by Thos. C. Cook (FATHER OR MOTHER)

Robert A. Wright (LOCAL REGISTRAR)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for [illegible] and the number of each, in order of birth stated.

PLACE OF BIRTH [illegible]-619

STATE OF IDAHO
[illegible] VITAL STATISTICS
[illegible] OF BIRTH

[illegible] 225

No. ..... St.

Primary Registration District No. 2022 Registered No. 69

Hospital .....

FULL NAME OF CHILD WILLIAM ROSS PATTERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy Male		Yes	Oct 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William R Patterson	FULL MAIDEN NAME	Margaret A Ward
RESIDENCE	Picabo Ida.	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Blaine Co Idaho
OCCUPATION	Stock raises	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.

William Ross Patterson 19.....

W. C. Murphy St. Registrar

Address Carey Idaho

Filed Jan 7 1920 Robert H. Wright Registrar

K

Certificate named from card 2/11/42

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Picato

Registered No. 69

Street and House No.

Registration Dist. No. 57

County Blaine

Sex of Child Male

Date of Birth Oct (MONTH) 14 (DAY) 1919 (YEAR)

Father William R. Patterson (FULL NAME)

Mother Margaret A. Ward (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

William Ross Patterson Jr.
(GIVEN NAME IN FULL) (SURNAME)

as reported by Margaret A. Patterson
(FATHER OR MOTHER)

Robert H. Wright
(LOCAL REGISTRAR)

446112.007-249

Form V. S. No. 11-C-[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 21

File No. 75226

No. ..... St.

Primary Registration District No. 2022

Registered No. 70

Hospital .....

FULL NAME OF CHILD Roger Holbrook Duffy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	10 (Month) 12 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert Earl Duffy	FULL MAIDEN NAME	Hester Smith
RESIDENCE	Hailey Ida	RESIDENCE	Hailey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 8 o/p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A J Mair

Physician (Physician or midwife)

Given names added from a supplemental report.

Roger Holbrook Duffy 19.....

Address Bellevue Ida

W. C. Murphy State Registrar

Filed Jan 7 1920 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH – ~~BUREAU OF VITAL~~ STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

75226

Place of Birth

City Hailey

Street and House No.

County Blaine

Registered No. 70

Registration Dist. No. 21

Sex of Child Male

Date of Birth 10 (MONTH) 12 (DAY) 1919 (YEAR)

Father Herbert E. Duffy (FULL NAME)

Mother Hester Smith (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Roger Holbrook Duffy (GIVEN NAME IN FULL / SURNAME)

as reported by Mrs. H. E. Duffy (FATHER OR MOTHER)

Robert A. Wright (LOCAL REGISTRAR)

255·215·007-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21

Primary Registration District No. 2120

File No. 75227

Registered No. 71

FULL NAME OF CHILD. Laura Rose Kneebone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 15 1919

	FATHER	MOTHER
FULL NAME	William Henry Kneebone	Edythe May Powers
RESIDENCE	Ketchum Hyndman Idaho	Ketchum Hyndman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	18
BIRTHPLACE	Colorado	Bellevue Idaho
OCCUPATION	Mill man	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Logan

(Physician or midwife)

Address Bellevue Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 7 1920

Robert N. Wright

Registrar

AUG 31 1

APR 27 1944

962-217-007-795

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 75228

Primary Registration District No. 2022 Registered No. 72

FULL NAME OF CHILD Vera Margaret Robertson

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of Birth
Female	1st Female (To be answered only in event of plural births)	yes	10 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Claud M Robertson	FULL MAIDEN NAME	Florence Ruth Grey
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Telephone Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. J. Moir

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bellevue, Ida

Filed Jan 7 1920 Robert H. Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/7/41 Z.J.

962-117-007-795

MARGIN RESERVED—FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21 File No. 75229

Primary Registration District No. 2022 Registered No. 73

FULL NAME OF CHILD Leon Melvin Robertson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	yes		2nd male	yes	10 (Month) 17 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claud M Robertson	FULL MAIDEN NAME	Florence Ruth Gray
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Telephone Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Mair

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bellevue Idaho

Filed Jan 7 1920 Robert H. Wright

Registrar

Registrar

5/7/41 Z.J.

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH 792-219-007-667

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75230

County of Blaine

City of Picabo

Registration District No. 21

File No.

No. ..... St.

Primary Registration District No. 2022

Registered No. 48

Hospital

FULL NAME OF CHILD Dorothea Jane Gibbs

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth ~~July~~ Feb. 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. Clarence Gibbs	FULL MAIDEN NAME	V Lucile Fox
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Lago Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Carey Idaho

Filed Dec 29 1919

Robert H. Wright
Registrar

Registrar

Z - GIBBS

dup of 1919-394438

NOT

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

433-22-4-097-491

County of Blaine

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-6-17

CERTIFICATE OF BIRTH

75231

Registration District No. 21

File No. .....

Primary Registration District No. 2075

Registered No. 49

FULL NAME OF CHILD Ferrell Beth McClure

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr 24 1919

FATHER		MOTHER	
FULL NAME	John M. McClure	FULL MAIDEN NAME	Zelma M. Draper
RESIDENCE	Eden Idaho	RESIDENCE	Eden Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

Ferrel Beth McClure 19 20

W. C. Murphy Registrar

Filed Dec. 29 19 19

Robert D. Wright Registrar

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 49

Registration Dist. No. 21

Sex of Child Female

Date of Birth April 24, 1919
MONTH DAY YEAR

Father John M. McClure
FULL NAME

Mother Velma M. Draper
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Ferrel Beth McClure
GIVEN NAME IN FULL SURNAME

as reported by Mrs. J. M. McClure
FATHER OR MOTHER

Robert H. Wright
LOCAL REGISTRAR

AUG 23 19[illegible]

MAY 2 0 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

792-202-007-249

County of Blaine

City of Picabo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21 File No. 75232

Primary Registration District No. 2022 Registered No. 50

FULL NAME OF CHILD Eleanor Ruth Gibson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred H. Gibson	FULL MAIDEN NAME	Iva Katie Smith
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

Eleanor Ruth Gibson

W. C. Murphy Registrar

Address Carey Idaho

Filed Dec 29 1919

Robert H. Wright Registrar

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Picabo

Street and House No.

County Blaine

Registered No. 50

Registration Dist. No. 21

Sex of Child Female

Date of Birth July (MONTH) 2 (DAY) 1919 (YEAR)

Father Fred H. Gibson (FULL NAME)

Mother Ira Katie Smith (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Eleanor Ruth Gibson (GIVEN NAME IN FULL) (SURNAME)

as reported by Fred H. Gibson (FATHER OR MOTHER)

Robert A. Wright (LOCAL REGISTRAR)

FEB 4 1943

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH
534-285-007-396
County of Blaine

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Carey

Registration District No. 21

File No. 75233

No. ..... St.

Primary Registration District No. 2025

Registered No. 51

Hospital .....

FULL NAME OF CHILD Esther Eldredge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 15 1919

FATHER	MOTHER
FULL NAME Forrest H Eldredge Jr	FULL MAIDEN NAME Vivian E Cross
RESIDENCE Carey	RESIDENCE Carey
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician

(Physician or midwife)

Given names added from a supplemental report.

Esther Eldridge 1920

Address Carey Idaho.

W. C. Murphy Registrar

Filed Dec 29 19 19 Forrest H Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City [illegible]

Street and House No.

County Blaine

Registered No. 51

Registration Dist. No. 21

Sex of Child Female

Date of Birth July 15 1919
MONTH DAY YEAR

Father Forest A. Eldredge Jr.
FULL NAME

Mother Vivian E. Crook
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Esther Eldredge
GIVEN NAME IN FULL SURNAME

as reported by Forest A. Eldredge Jr.
FATHER OR MOTHER

Robert A. Wright.
LOCAL REGISTRAR

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

534-120-007-437

County of Glenn

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

~~CERTIFICATE~~ OF BIRTH

Registration District No. 21 File No. 75234

Primary Registration District No. 2025 Registered No. 52

FULL NAME OF CHILD James Leland Eldredge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Workington C Eldredge	FULL MAIDEN NAME	Margarette E McGreal
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wiss
OCCUPATION	Postmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 445 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

James Leland Eldredge 19

W. C. Murphy State Registrar

Address Carey Idaho

Filed Dec 29 1919 Robert N. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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SEP 18 1941

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

75-234

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No. .....

County Blaine

Registered No. 52

Registration Dist. No. 21

Sex of Child Male

Date of Birth July (MONTH) 26 (DAY) 1919 (YEAR)

Father W. C. Eldredge (FULL NAME)

Mother Margarette E. McGreal (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

James Leland Eldredge (GIVEN NAME IN FULL) (SURNAME)

as reported by W. C. Eldredge (FATHER OR MOTHER)

Robert A. Wright (LOCAL REGISTRAR)

MAR 2 6 1975

OCT 2 1 1975

Form V. S. No. 11-C—25m-9-5-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
294-B216-007-253
County of Blaine
City of Carey
No. ..... St.
Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
~~CERTIFICATE~~ OF BIRTH

Registration District No. 21
Primary Registration District No. 2075
File No. 75235
Registered No. 53

FULL NAME OF CHILD Doris Gertrude Simpson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	July 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred A Simpson	Laura Retran
RESIDENCE	Carey	Carey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Kansas	Missouri
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Houston E Snyder
Physician
(Physician or midwife)
Address Carey Idaho.

Filed Dec 29 19 19 Robert N. Wright
Registrar

AUG 8 1960

Form V. S. No. 11-C—25m-8-3-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

964-B20-007-855

County of Bonn

City of Cavey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21

File No. 75236

Primary Registration District No. 2075

Registered No. 54

FULL NAME OF CHILD Dorothy Henney Radley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug. 20 1919

FATHER		MOTHER	
FULL NAME	James H. Radley	FULL MAIDEN NAME	Margaret A Henney
RESIDENCE	Cavey	RESIDENCE	Cavey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Address Cavey Idaho

Given names added from a supplemental report.

Dorothy Henney Radley 1920

W. C. Murphy
Registrar

Filed Dec 29 1919 Robert H. Wright
Registrar

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No.

County Blaine

Registered No. 54

Registration Dist. No. 21

Sex of Child Female

Date of Birth August 20 1917
(MONTH DAY YEAR)

Father James K. Radley
(FULL NAME)

Mother Margaret A. Henney
(FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Dorothy Henney Radley
(GIVEN NAME IN FULL) (SURNAME)

as reported by James K. Radley
(FATHER OR MOTHER)

Robert A. Wright
(LOCAL REGISTRAR)

NOV 2 2 1944

759-222-007-666

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 75237

Primary Registration District No. 2022 Registered No. 55

FULL NAME OF CHILD Mary Jane Perkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		first	yes	Aug 22 1919

	FATHER	MOTHER
FULL NAME	Clifton McCann Perkins	Lois Emma Foote
RESIDENCE	Hailey	Hailey
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	34
BIRTHPLACE	Missouri	New York
OCCUPATION	Garage Mgr.	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 9 M. on the date above stated.

(Born alive or stillborn)

(Signature) J. H. Dutton

(Physician or midwife)

Address Hailey Idaho.

Filed Dec 29 1919 Robert N. Wright

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1943

SEP 11 1952

253-225-007-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 75238

Primary Registration District No. 2022 Registered No. 56

FULL NAME OF CHILD Maxine Gladys Bell

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	First	Yes	Aug 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Bell	FULL MAIDEN NAME	Gertrude Maud Treadgold
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Scotland	BIRTHPLACE	Michigan
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 9 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) H. H. Dutton

(Physician or midwife)

Address Hailey Idaho

Filed Dec 29 1919 Robert H. Wright

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1948

296/15-007-235

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 75239

Primary Registration District No. 2022 Registered No. 57

FULL NAME OF CHILD ALEXANDER STEWART BROWN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		2nd	yes	Dec 15 1919

	FATHER	MOTHER
FULL NAME	Robert Graham Brown	FULL MAIDEN NAME Sara Stewart
RESIDENCE	Hailey	RESIDENCE Hailey
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE Scotland
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) H H Sutton

Hailey Ida.

(Physician or midwife)

Address Hailey Ida

Filed Dec 29 19 19 Robert N. Wright

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Alexander Stewart Brown 19 20

W. C. Murphy

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME ADDED PER SROB 5/2/18

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Hailey

Street and House No.

County Blaine

Registered No. 57

Registration Dist. No. 21

Sex of Child Male

Date of Birth September 15, 1919
MONTH DAY YEAR

Father Robert G. Brown
FULL NAME

Mother Sara Stewart
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Alexander Stewart Brown
GIVEN NAME IN FULL SURNAME

as reported by Mrs. Sara Stewart Brown
FATHER OR MOTHER

Robert A. Wright
LOCAL REGISTRAR

464-114-007-319

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75240

Registration District No. 21

File No. ____

Primary Registration District No. 2022

Registered No. 58

FULL NAME OF CHILD Stanley Eldon Dodge Jr. ~~Leslie Winfield~~ Dodge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3rd	yes	Sept 14 1919

FATHER	MOTHER
FULL NAME Leslie Eldon Dodge	FULL MAIDEN NAME Bonnie Beatrice Carpenter
RESIDENCE Hailey	RESIDENCE Hailey
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Iowa
OCCUPATION Deputy Supervisor Forest ~~Ranger~~	OCCUPATION Housewife

Number of child of this mother, including present birth ~~Third~~ Fourth

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Dutton

(Physician or midwife)

Address Hailey Ida.

Given names added from a supplemental report.

....., 19.....

Filed Dec 29 19 19 Robert N. Wright

Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1943

NOV 2 1 1944

NOV 18 1952

J64-114-007-319

MARGIN RESERVED FOR BINDING

ONLY WITH UNFADING INK THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 752

Primary Registration District No. 2022 Registered No. 59

FULL NAME OF CHILD Leslie Kimball Dodge

Sex of Child: Male | Twin, Triplet or other? Twin | and Number in order of birth 2nd (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 14 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME: Leslie Eldon Dodge

RESIDENCE: Hailey, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Dept. Forest Supervisor

MOTHER

FULL MAIDEN NAME: Bonnie B. Carpenter

RESIDENCE: Hailey, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Dutton M. D.

(Physician or midwife)

Address Hailey, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 29 19 19 Robert H. Wright

Registrar

NOV 2 1 1944

386-225-007-349

Form V. S. No. 11-C-[illegible]m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital

Registration District No. 21 File No. 75242

Primary Registration District No. 2022 Registered No. 66

FULL NAME OF CHILD Pearl Jeanette Thompson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female		Second	Yes	Sept 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claud Leroy Thompson	FULL MAIDEN NAME	Loletha Pearl Turner
RESIDENCE	Hailey Ida	RESIDENCE	Hailey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Dutton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hailey Ida

Filed Dec 29 1919 Robert H. Wright

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 75242

County of Blaine } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on Sept 25, 1919 (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Pearl	Pearl Jeanette Thompson
Pearl Jeanette Thompson		Pearl Jennette Thompson

Subscribed and sworn to before me this 16th day of December, 1942

Albert R. Griffith

Notary Public, residing at Ketchum Idaho

My commission expires January 3-1945.

(SEAL)

Signed Mrs. E. P. McManus

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Blaine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of December, 1942

Albert R. Griffith

Notary Public, residing at Ketchum Idaho

My commission expires January 3-1945

(SEAL)

Signed S. B. Sweetland

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ketchum Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

JUN 30 1944

MAR 6 - 1962

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH 365-121-007-365

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21

Primary Registration District No. 2045

File No. 75243

Registered No. 61

FULL NAME OF CHILD THOMAS LAMONT CONDIE

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept. 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph W Condie	FULL MAIDEN NAME	Chlow Loveland
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

Thomas Lamont Condie

W. C. Murphy State Registrar

Address Carey Idaho

Filed Dec 29 1919

Robert H. Wright Registrar

MARGIN RESERVED FOR BIND.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

75-243

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Carey

Street and House No. .....

County Blaine

Registered No. 61

Registration Dist. No. 21

Sex of Child Male

Date of Birth Sept 21 1919
MONTH DAY YEAR

Father Joseph W. Condie
FULL NAME

Mother Chilon Loreland
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Thomas Lamont Condie
GIVEN NAME IN FULL SURNAME

as reported by J. W. Condie
FATHER OR MOTHER

Robert A. Wright
LOCAL REGISTRAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lemhi }

Certificate No. 752-43
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Candie (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept 21, 1919 (DATE OF EVENT)
in Carey, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Thomas Jarman T- Candie

Subscribed and sworn to before me this
day of February 16, 19 42
Charles Henderson
Notary Public, residing at Salmon, Idaho
My commission expires 6-16-45
(SEAL)

Signed Joseph W Candie
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Northfork, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed Leo R Iverson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 21 1942

292-208-007-432

Form V. S. No. 11-C—[illegible]-9-8-17

PLACE OF BIRTH

[illegible] TICS

[illegible] H

County of Blaine

City of Bellevue

Registration District No. 2

File No. 75244

No. ..... St.

Primary Registration District No. 2022

Registered No. 62

Hospital .....

FULL NAME OF CHILD Eloise Beulah Bishop

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	7 (Month) 8 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milburn J Bishop	FULL MAIDEN NAME	Stella May McKender
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	S. D.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. J. Mair

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bellevue Ida

Filed Jan 3 1920 Robert H. Wright

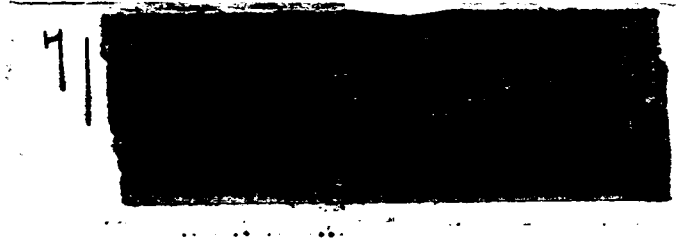
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



213-229.007-319

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21 File No. 75245

Primary Registration District No. 2022 Registered No. 63

FULL NAME OF CHILD Joy ~~Eletha~~ Bates Joy Eletha

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	7 (Month) 29 (Day) 1918 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mack Bates	FULL MAIDEN NAME	Olva Allen Carter
RESIDENCE	Bellevue Ida	RESIDENCE	Bellevue Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:45 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. J. Moir

Physician (Physician or midwife)

Address Bellevue Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Jan 6 1920 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-101-007-295

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21 File No. 75246

Primary Registration District No. 2022 Registered No. 64

FULL NAME OF CHILD George Everett West

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	8 (Month) 1 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Miles West	FULL MAIDEN NAME	Emma Brewer Brewer
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Lehi Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:50 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. J. Moor

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Bellevue Ida

Filed Jan 6 1920 Robert H. Wright

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...GIN RESERVED FOR BINDING

433225.002-336

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of child, in order of birth stated.

Form V. S. No. [illegible]-17

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21

Primary Registration District No. 2022

File No. 75247

Registered No. 65

FULL NAME OF CHILD Bernice McCoy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	9 25 1919

FATHER		MOTHER	
FULL NAME	Don McCoy.	FULL MAIDEN NAME	Elsie Howard.
RESIDENCE	Bellevue Ida	RESIDENCE	Bellevue Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. C. J. Miller

Physician

(Physician or midwife)

Address Bellevue Idaho

Filed Jan-6 1920 Robert A. Wright

Registrar

PLACE OF BIRTH Amended Feb 2,1959

266-22-1007-318

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Gannett

No. ..... St.

Registration District No. 21 File No. 75248

Hospital ..... Primary Registration District No. 2022 Registered No. 66

FULL NAME OF CHILD Leona Bowlden
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 22, 1919

What bacteriaidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Thomas R. Bowlden	FULL MAIDEN NAME: Emma E. Taylor
RESIDENCE: Bellevue	RESIDENCE: Bellevue
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. J. Moir

Physician
(Physician or midwife)

Address Bellevue, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Jan 6, 1920 Robert H. Wright
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

- Own child's birth certificate, #326368, viewed by V.S.
Certificate of Blessing, dated Oct 26, 1919 gives birthplace as Gannett, Idaho viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Family Record, obviously old, gives birthplace as Gannett, Idaho, viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 75248

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Leona Bowlden (Name on Original Certificate) who was born (Was Born or Died) on 9-22-1919 (Date of Event)
in Bellevue (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthplace	Bellevue	Gannett

Subscribed and sworn to before me this 21st day of January, 1959

Notary Public, residing at Logan Utah

My commission expires 2-10-62

(Seal)

Signed Thomas P Bowlden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

231 West 4th So Logan Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January, 1959

Notary Public, residing at Logan Utah

My commission expires 2-10-62

(Seal)

Signed Marnie V Bowlden
(Signature of Any Credible Person)

231 West 4th So Logan Utah
(Street Address, City, State)

FORM DPH 55.155

AUG 2 1967

FEB 3 1959

963-210-007-769

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

Registration District No. 21 File No. 75249

Primary Registration District No. 2022 Registered No. 67

FULL NAME OF CHILD Claud Rockwell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Sept 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Verna L. Rockwell	FULL MAIDEN NAME	Mildred Allen Gordon
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. J. Moir

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bellevue Ida

Filed Jan 6 1920 Robert H. Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459 242 621-559

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-3-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho

Registration District No. 27 File No. 75251

No. _____ St.

Primary Registration District No. 2119 Registered No. 3[illegible]9

Hospital _____

FULL NAME OF CHILD Shirley Merrill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl			1	yes	Dec 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L W Merrill	FULL MAIDEN NAME	Elmasa Neilson
RESIDENCE	Weston Idaho ~~Richmond Utah~~	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Dec 12-1919 at 3 15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Weston Idaho

Filed Jan 6 1920 D A R Culter

Registrar Registrar

S-Y-CO 38071

JUL 12 1972

38 1-275-021- [redacted]

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Idaho

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 75252

Registered No. 340

FULL NAME OF CHILD Irene Martha Chapman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec. 15 1919

FATHER		MOTHER	
FULL NAME	Herbert Chapman	FULL MAIDEN NAME	Rebecca Ransom
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Croyden Utah.	BIRTHPLACE	Cleveland Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. [illegible] States

[illegible] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Idaho.

Filed Jan 6 1920 Dr A R Ruth Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DECEASED

893-185-
003-855

[redacted]

Form V. ~~S. No. 11-C 25m-8-8-17~~

PLACE OF BIRTH

County of Bannock

City of

No. Oxford Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 75253

Primary Registration District No. 2119 Registered No. 314

FULL NAME OF CHILD REECE T. HILLMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Dec 5 1919

FATHER		MOTHER	
FULL NAME	James Warren Hillman	FULL MAIDEN NAME	Lillian Henderson
RESIDENCE	Oxford Idaho	RESIDENCE	Oxford Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho

19

Filed Dec 2 1919 Dr. A. R. Cultis

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Bannock }

Certificate No. 75253

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Reece T. Hillman (Name on Original Certificate) who Born (Was Born or Died) on Dec. 5, 1919 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Reece T. Hillman
Date	Dec. 2	Dec. 5, 1919

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }ss.
County of Box Elder }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of May, 1942

Leo Seymour

Notary Public, residing at Tremonton Utah

My commission expires 2/16/46
(Seal)

Signed Lillian Hillman
(Signature of Any Credible Person Other Than Previous Year)

Tremonton, Utah
(Street Address, City, State)

MAY 25 '42

MAY 27 1942

719-116-021-893

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Franklin

City of Oxford Ward

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 75254

Primary Registration District No. 2119 Registered No. 323

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 16, 1919

FATHER		MOTHER	
FULL NAME	Myron Ernest Gailey	FULL MAIDEN NAME	Ivy Lavon Hillman
RESIDENCE	Franklin Co. Idaho	RESIDENCE	Franklin Co. Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Jan 2 1920 Dr A R Cutler

Registrar Registrar

...IN RESERVED FOR BINDING

...PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-107-021-519

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of .....

No. Riverdale Road St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 27 File No. 75255

Primary Registration District No. 2119 Registered No. 320

FULL NAME OF CHILD Vere Vail Mecham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 7 1919

FATHER

FULL NAME Milando Smart Mecham

RESIDENCE Riverdale Road Franklin Co. Ida

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Vida Margaret Vail

RESIDENCE Riverdale Road Franklin Co. Ida

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 1.55 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Blunt

Physician

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Dec 30 1919

D. A. Preston

Registrar

Dec. 6, 1940 L. E.

595-109-021-652

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of

No. Glencoe Ward St.

Hospital

Registration District No. 27

File No. 75256

Primary Registration District No. 2119

Registered No. 321

FULL NAME OF CHILD CHARLES LaVERE NIELSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Dec. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	La Vere Parry Nielsen	FULL MAIDEN NAME	Elberta Westerberg
RESIDENCE	Franklin Co Idaho	RESIDENCE	Franklin Co Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1130 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Preston Idaho

Filed Dec 30 1919 D. A. R. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

1942

Certificate No. 75256

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for LaVere Charles Nielsen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 9th, 1919 (DATE OF EVENT)
in Weston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by and Certificate of Baptism (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 19th, 1928 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Sur Name	Neilson	Nielsen
Name	Unnamed	Charles LaVere Nielsen

Subscribed and sworn to before me this 3rd
day of February, 19 42

H. H. Nielsen

Notary Public, residing at Preston, Ida.
My commission expires 6-1-43
(SEAL)

Signed S. R. Nielsen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Preston, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of February, 19 42

H. H. Nielsen

Notary Public, residing at Preston, Idaho.
My commission expires 6-1-43
(SEAL)

Signed Victor Peterson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB By
(REGISTRAR'S SIGNATURE)

261-224021-434

[redacted]

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Franklin

Name added 6-9-81

City of Preston

No. 2nd ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 75257

Primary Registration District No. 2119 Registered No. 326

FULL NAME OF CHILD NATELL SWAINSTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Dec 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nathan Swainston	FULL MAIDEN NAME	Wanita Ruby Alder
RESIDENCE	Preston Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Preston Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address Physician

19

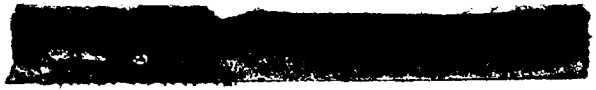
Registrar

Filed Jan 2 1920 Dr A R Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



5-13-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

MAY 19 9 43 AM '81

Certificate No. 75257
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Swainston (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-24-19 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Natell Swainston

Subscribed and sworn to before me this 15th day of May, 1981.

Notary Public, x Ken S Rasmussen
Residing at x Preston, Idaho
My commission expires x lifetime
(Seal)

x Natell Swainston Hobbs
Signature of Applicant

x 1700 So. 5th Pocatello, Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Albert Phil Swainston
Supporting Signature

53 West 4th South
Street Address, City, State
Preston, Idaho

1 cc pd

Certificate of Blessing gives name as Natell Swainston, daughter of Nathan and Neata Alder born December 24, 1919 at Preston, Idaho and Blessed Feb. 1, 1920, in L.D.S.Church.
Viewed by V.S.

JUN 9 1981

Family Record gives name as Natell Swainston born December 24, 1919, at Preston, Idaho Married Paul Soren Bodily, on March 23, 1940, Baptized October 23, 1928. Parents Nathan and Ruby Alder. Recorded August 5, 1946.
Viewed by V.S.

297212.021-132

Amended 6/6/78

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 75258

Primary Registration District No. 2119 Registered No. 322

FULL NAME OF CHILD Connie A. Biggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Dec 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Melvin Biggs	FULL MAIDEN NAME	Rhea Blanche Albiston
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 Am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed Dec 30 1919 Dr A R Cutler Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
MAY 8 12 25 PM '78

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of .....
County of .....

Certificate No. 75258

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamd Biggs (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 12, 1919 (Date of Event)
in Franklin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Connie Alliston Biggs

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Rhea a Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) mother

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona
County of Maricopa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of
May, 1978

Heidi Thynson
Notary Public, residing at Tempe, Arizona
My commission expires 4/22/80
(Seal)

Signed Sherran B. Stenehack
(Signature of Any Credible Person)

1833 E. LaDonna L. Tempe, Arizona 85283
(Street Address, City, State)
Daughter

FORM DH 60-155 CL 11/19/76

Certif of Baptism and Confirmation from the LDS Church gives name as Sharon B. Cressall daughter of Clyde Geo. Cressall and Connie A. Biggs born April 29, 1940 at Logan Utah. Baptized April 30, 1949. viewed by V. S.

JUN 7 1978

Certif of Blessing from the LDS Church gives nameas ~~Sharon~~ Sherran B. Cressell daughter of Clyde Cressell and Connie Biggs born April 28, ~~1920~~ 1940 in Logan, Utah. Blessed July 7, 1940. viewd by V. SX

261-227-021-315

PLACE OF BIRTH name added 12/18/79

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 1st ward St.

Hospital

Registration District No. 27

Primary Registration District No. 2119

File No. 75259

Registered No. 327

FULL NAME OF CHILD Janet Swainston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Ife	Dec 27 1919

FATHER		MOTHER	
FULL NAME	Parley Swainston	FULL MAIDEN NAME	Janet Tanner
RESIDENCE	Preston, Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Registrar

Filed Jan 2 1920 D. A. R. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 8 7 57 AM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 75259

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Swainston (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 27, 1919 (Date of Event)
in Preston, Idaho (Franklin) (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records, application for marriage license (Bible Record, Insurance Policy, Etc.) prepared on Nov 4, 1979 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Janet Swainston

Subscribed and sworn to before me this 4 day of November, 1979

Notary Public residing at Preston, Idaho
My commission expires 4-26-82
(Seal)

Signed Jeralyn S Chase
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

189 Helen, Chula Vista, Ca. 92010
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of November, 1979

Notary Public residing at Preston, Idaho
My commission expires 4-26-82
(Seal)

Signed Colleen Speirs Tanner
(Signature of Any Credible Person)

217 East Oneida St.
(Street Address, City, State)
Preston Idaho

FORM DH 60-155

CL 10/16/78

8323

Applicaton for License to Marry from Utah #570 gives groom's name as Lynn M. Davis and the birde's name as Janet Swainston. dated Dec 10, 1940. viewed by V. S.

DEC 1 8 1979

Membership record from the LDS Church gives nameas Janet Swainston Davis born Dec 27, 1919 at Preston,Idaho. father's name as Parley Swainston and mother's name as Janet Speirs Tanners. Blessed Jly 4, 1920 and Baptized Feb 14, 1928. viewed by V. S.

363-229-021-432

name added 7-5-84 dl

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 75260

Registered No. 342

FULL NAME OF CHILD Nedra Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Dec. (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Leslie Cole	FULL MAIDEN NAME	Louie McKinnon
RESIDENCE	Fairview Idaho	RESIDENCE	Fairview Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Fairview Idaho	BIRTHPLACE	Randolph Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Dec 19 19

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 3 1984
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 75260

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cole (Name on Original Certificate) who was born (Was Born or Died) on December 29, 1919 (Date of Event)
in Fairview (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Nedra Cole

Subscribed and sworn to before me this 16 day of November, 19 83

Notary Public, residing at Logan, Utah - Cache

My commission expires expired 1984
(Seal)

Signed Sealy S Cole
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

283 East 600 North Logan, Utah 84321
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of November, 19 83

Notary Public, residing at Logan, Utah - Cache

My commission expires expired 1984
(Seal)

Signed Wendell D. Eames
(Signature of Any Credible Person)

9700 Kenmore Dr. Kensington, Md.
(Street Address, City, State)

FORM DH 60-155

Correc tion corresp 2-10-78 1 copy pd (C)

Certificate of Baptism from LDS Church gives Nedra Cole daughter of L.J. Cole and Louie McKenon born Dec 29, 1919 at Fairview, Idaho Was baptised Jan 15, 1928. Viewed by V.S.

JUL 1984

Marriage record lists Nedra Cole and Wendell Geddes Eames were married April 6, 1939, Viewed by V.S.

24-12-021-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ...Franklin.....

City of ...Franklin Idaho

Registration District No. 27 File No. 75261

No. .....St.

Primary Registration District No. 2119 Registered No. 341

Hospital .....

FULL NAME OF CHILD ...George Ener Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 24 1919

FATHER	MOTHER
FULL NAME: John Smith	FULL MAIDEN NAME: Verna Lowe
RESIDENCE: Franklin Idaho	RESIDENCE: Franklin Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Lincolnshire England	BIRTHPLACE: Franklin Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth ...1..... Number of children of this mother now living, including present birth ..1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Preston Idaho.

.....
Registrar

Filed .....19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-120-021-619

PLACE OF BIRTH

County of Franklin

City of Preston

No. 4th West St.

Hospital

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 75262

Primary Registration District No. 219 Registered No. 324

FULL NAME OF CHILD Thurman Stephens

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 20 1919

FATHER		MOTHER	
FULL NAME	Alfred William Stephens Jr	FULL MAIDEN NAME	Eva Lenetta Marr
RESIDENCE	Preston Idaho	RESIDENCE	Preston, Idah.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Salesman in Implement House	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan 2 1920

D. A. R. Cullat
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 19 1961

c.c. 5/14/41. w.h.

318-221-021-635

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 3d ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 75263

Primary Registration District No. 2119 Registered No. 325

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Dec 21 1919

FATHER		MOTHER	
FULL NAME	Earl Harris Taylor	FULL MAIDEN NAME	Anna Mildred Fletcher
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho

19

Registrar

Filed Jan 2 1920 Dr A R Cullen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-201-021-396

PLACE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 75264

Primary Registration District No. 2119 Registered No. 318

FULL NAME OF CHILD BETTY FAY PERKINS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Dec 1 1919

FATHER		MOTHER	
FULL NAME	Morton Lorenzo Perkins	FULL MAIDEN NAME	Fay Cranny
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston, Idaho

Filed Dec 30 1919 D. A. R. Cutler
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 75264

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Betty - Jay Perkins (Name of Original Certificate) who Born (Was Born or Died) on 1 of Dec (Date of Event)
in Dayton Idaho (Place of Event) are ~~erroneous or were~~ omitted; and that, to the best of his knowledge, the
true ~~facts~~ are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Betty Fay Perkins
	Betty Jay Perkins	

Subscribed and sworn to before me this 8 day of August, 1942

Notary Public, residing at Montpelier Ida

My commission expires 2-6-1943
(Seal)

Signed Fay Perkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of August, 1942

Notary Public, residing at Montpelier Ida

My commission expires 2-6-1943
(Seal)

Signed Vera C. Briggs
(Signature of Any Credible Person Other Than Previous Year)

305 So. 5 East, Salt Lake Utah
(Street Address, City, State)

AUG 12 1942

AUG 14 19[illegible]

MAR 3 1944

FEB 29 1944

FEB 13 1970

SEP 1 1972

754-225-021-559

PLACE OF BIRTH

County of Franklin

City of Preston Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 27 File No. 75265

Primary Registration District No. 2119 Registered No. 337

FULL NAME OF CHILD BETH CAROL GEDDES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James S Geddes	FULL MAIDEN NAME	Olive Neilson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Preston Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Preston Idaho (Physician or midwife)

Given names added from a supplemental report.

Beth Carol Geddes 1920

W. C. Murphy Registrar

Address Physician

Filed Jan 6 1920 Dr A R Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1946

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Preston

Street and House No.

County Franklin

Registered No. 337

Registration Dist. No. 27

Sex of Child Female

Date of Birth Dec 25 1914 (1919)
MONTH DAY YEAR

Father James A Geddes
FULL NAME

Mother Olive Nelson
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Beth Carrol Geddes
GIVEN NAME IN FULL SURNAME

as reported by Father
FATHER OR MOTHER

Dora Curtis
LOCAL REGISTRAR

AUG 18 1973

157-225-021-613

PLACE OF BIRTH Amended 9/13/78

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek Registration District No. 27 File No. 75266

No. ..... St. Primary Registration District No. 2119 Registered No. 336

Hospital .....

FULL NAME OF CHILD Phyllis Watson Jepsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Dec 25 1919

FATHER		MOTHER	
FULL NAME	Hyrum W Jepsen	FULL MAIDEN NAME	Agnes Watson
RESIDENCE	Mink Creek Ida	RESIDENCE	Mink Creek Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mink Creek Ida	BIRTHPLACE	Salt Lake City
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler Sr

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Registrar

Filed Jan 6 1920 D. C. R. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 4 12 38 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 75266

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jeppson (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 25, 1919 (Date of Event)
in Mink Creek, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Jeppson	Phyllis Watson Jepsen
father's name	Hyrum W. Jeppson	Hyrum W. Jepsen

Subscribed and sworn to before me this 21st day of July, 1978.

Notary Public, residing at Ogden, Utah
My commission expires 1-20-82
(Seal)

Signed Hermane W. Jepsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of July, 1978.

Notary Public residing at Salt Lake City
My commission expires MY COMMISSION EXPIRES 2-8-82
(Seal)

Signed Attilio Stenech
(Signature of Any Credible Person)

2231 Lamborne Ave
Salt Lake City, Ut. 84109
(Street Address, City, State)

FORM DH 60-155

CL 6/19/78

Certif of Blessing from LDS Church gives name as Philis Watson Jepsen daughter of Hyrum W. Jepsen and ~~x~~ Agness Watson born Dec 25, 1919 at Mink Creek, Idaho. Blessed Feb. 1, 1920. viewed by V. S.

SEP 13 1978

Certif of Baptism from the LDS Church gives name as Phyllis Watson Jepsen daughter of Hyrum W. Jepsen and Agness W. Watson. born Dec 25, 1919 at Mink Creek, Idaho. Baptized May 1, 1928. viewed by V. S.

855-222-027-391 Child's name added 10-13-88 MCM
Father's name amended 12-1-88 MCM

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Banida

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 75267

Registered No. 334

FULL NAME OF CHILD AMY TRACY HENDERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Dec. 22 1919

FATHER		MOTHER	
FULL NAME	Samuel ~~Perry~~ PARLEY Henderson	FULL MAIDEN NAME	Sarah Ann Olive Tracy
RESIDENCE	Banida Ida	RESIDENCE	Banida Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Clifton Ida	BIRTHPLACE	Hyrum Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler Sr
Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Idaho

Filed Jan 2 1920 D. A. R. Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11-13-79

RECEIVED
OCT 11 1988
VITAL STATISTICS UNIT

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Franklin } ss.

Certificate No. 75267
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Henderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 22, 1919 (Date of Event)

in Banida, (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Amy Tracy Henderson

Subscribed and sworn to before me this 27 day of Sept, 1988

Notary Public _____
Residing at 120 S. State Preston Id 83263
My commission expires Lifetime
(Seal)

Amy Tracy Henderson
Signature of Applicant

Amy H. Easteridge (Married Name)
Street Address, City, State
405 So 4th W. Preston ID 83263

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS baptism shows Amy T Henderson born Dec 22, 1919 in Barrida to Samuel Parley and Sarah A O Tracy and baptized July 6, 1929. Viewed by VS.

UT Marriage Certificate shows Melvin Johnson Corbridge and Amy Tracy Henderson married Mar 14, 1946. Viewed by VS.

10-14-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF VITAL STATISTICS

OCT 25 7 25 AM '88

State of _____ } ss.
County of _____

Certificate No. 19-75267
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Amy Tracy Henderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 22, 1919 (Date of Event)

in Banida (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Father's middle name	Perry	Parley

Subscribed and sworn to before me this 18th day of October 1988

X Notary Public, Judy A. Hemmis

Residing at Preston, ID

My commission expires 11-12-91

(Seal)

X Amy W. Cartridge
Signature of Applicant

X 445 So. 4th W. - Preston, Ida. 83263
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS baptism shows Amy T Henderson born Dec 22, 1919 to Samuel Parley & Sarah A Tracy and baptized July 6, 1929. Viewed by VS.

DEC 1 1988

Birth certificate for Ivan Harold Henderson ID St Fi #33-215506 shows Samuel Parley Henderson as father and child born Aug 10, 1933. Viewed by VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415222-021-559

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 75268

Primary Registration District No. 219 Registered No. 335

FULL NAME OF CHILD Bonna Lue Daniels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 22 1917

FATHER		MOTHER	
FULL NAME	Cleon Lee Daniels	FULL MAIDEN NAME	Chloe Vernonian Davies
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Payson Utah	BIRTHPLACE	
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 05 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen V. Coulter Jr.

Physician

(Physician or midwife)

Given names added from a supplemental report.

Bonna Lue Daniels 19..20 Address Preston Idaho

W. C. Murphy Registrar Filed Jan 1 19 20 D. Clark Coulter Registrar

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Preston

Street and House No.

County Franklin

Registered No. 335

Registration Dist. No. 21

Sex of Child Female

Date of Birth Dec 22 1919
MONTH DAY YEAR

Father Eleon Price Daniels
FULL NAME

Mother Chloe Veruvan Daines
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Bonna Lue Daines
GIVEN NAME IN FULL SURNAME

as reported by Eleon P. Daniels
FATHER OR MOTHER

LOCAL REGISTRAR

386.219.021-438

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 75269

No. ..... St.

Primary Registration District No. 2119

Registered No. 33

Hospital .....

FULL NAME OF CHILD Ida Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Dec. 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Daniel Thomas	FULL MAIDEN NAME	Fannie Ann McQueen
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Glendale	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler Sr

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Jan 6 1920 D. A. R. Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. MAR 1 - 1972 FEB 30 AM '72 Certificate No. 75269

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Thomas (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 19, 1919 (Date of Event)

in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ida Thomas

Subscribed and sworn to before me this 29th day of February, 1972

James Russo

Notary Public, residing at Preston, Idaho

My commission expires January 6, 1973

(Seal)

Signed Paul D. Thomas

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

178-E-1-U Preston, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Franklin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of February, 1972

James Russo

Notary Public, residing at Preston, Idaho

My commission expires January 6, 1973

(Seal)

Signed Jack McQueen

(Signature of Any Credible Person)

45 N. 2d East, Preston, Idaho 83263

(Street Address, City, State)

FORM DH 60-155 CL 2/10/72 nm

MAR 29 1972

from LDS Church dated March 26, 1928. gives name as Ida Thomas daughter of Paul D. Thomas and Fanny A. McQueen. Born Dec 19, 1919 at Preston, Idaho. Was Baptized March 20, 1928. and Confmd. March 20, 1928. Viewed by V. S.

Family record dated Feb. 10, 1947 gives name as Ida Thomas, born on Dec. 19, 1919 at Preston, Idaho. Parents nemes given as Paul D. Thomas and Fannie M. Thomas. Viewed by V. S.

753-102 021-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 75270

No. ..... St.

Primary Registration District No. 2119

Registered No. 328

Hospital .....

FULL NAME OF CHILD La Von Peter Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Arthur Peterson	FULL MAIDEN NAME	Jennie Laura Johnson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Glendale	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler Sr

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Jan 2 1920 D A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

75270

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
- City: Preston
- Street and House No.:
- County: Franklin

Registered No. 328

Registration Dist. No. 27

Sex of Child: male

Date of Birth: Dec (MONTH) 1 (DAY) 1919 (YEAR)

Father: Peter Arthur Peterson (FULL NAME)

Mother: Jennie L. Johnson (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

La Von Peterson (GIVEN NAME IN FULL) (SURNAME)

as reported by Mother (FATHER OR MOTHER)

D. A. R. Curtis (LOCAL REGISTRAR)

MAR 5
APR 8
JUN 4 1942

231-208 021-343

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. 75271

Primary Registration District No. 2119

Registered No. 329

FULL NAME OF CHILD Bess Blair

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl M Blair	FULL MAIDEN NAME	Edith A Lucherini
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Lewiston	BIRTHPLACE	Salt Lake City
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler Sr

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Jan 2 1920 D A R Cutler Registrar

..... Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 2 3 1973

632-110-021-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 75272

Registered No. 330

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph William Olsen	FULL MAIDEN NAME	Anna Leona Cowley
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Crescent Utah	BIRTHPLACE	Hyde Park Utah
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 35 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler Jr

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Idaho

Filed Jan 2 1920 D A R Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553/15 021-6 91

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 7527 3.

Primary Registration District No. 2119 Registered No. 331

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nels J Nelson	Ladea Wray
RESIDENCE	Preston Idaho	Preston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Provo Utah	Hyrum Utah
OCCUPATION		Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 05 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Alles R Cutler M.D.

Physician (Physician or midwife)

Address Preston Ida.

Filed Jan 2 1920 D A R Cutler Registrar

793 109 021 259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho Registration District No. 27 File No. 75274

No. ____ St. Primary Registration District No. 2119 Registered No. 313

Hospital ____

FULL NAME OF CHILD Calvin Edward Gill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6	yes	Dec 9 1919

FATHER		MOTHER	
FULL NAME	Alfred Gill	FULL MAIDEN NAME	Lena A Kerr
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. Dec 9 - 1919, at 11 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Thos B Holder

Physician (Physician or midwife)

Address Weston Idaho

Filed Dec 31 1919

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 1943

155·119·021-632

PLACE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-2-17

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 75275

Primary Registration District No. 2119 Registered No. 316

FULL NAME OF CHILD Ray L. Jenks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	5	yes	Dec 19 1919

FATHER	MOTHER
FULL NAME Wallace A Jenks	FULL MAIDEN NAME Ana J Olsen
RESIDENCE Weston Idaho	RESIDENCE Weston Idaho
COLOR white	COLOR
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE North Ogden Utah	BIRTHPLACE Weston Idaho
OCCUPATION Farmer	OCCUPATION House Keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Dec 19-19, at 11.45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician
(Physician or midwife)

Address Weston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 30 1919 D A R Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/19.127.021 -394

PLACE OF BIRTH

County of Franklin

City of Preston or Oxford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 27

75276

File No. .....

Primary Registration District No. 2119

Registered No. 312

FULL NAME OF CHILD Wm. H. Marshall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	5	yes	Dec 27 1917

FATHER

FULL NAME Isaac M Marshall

RESIDENCE Preston Idaho

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Salt Lake City Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME M E Crump

RESIDENCE Preston Idaho

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Salt Lake City Utah

OCCUPATION House Keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. Dec 27-1917, at 9 A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holden

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 31 1917

Dr A R Curtis

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113226·021-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75277

County of Franklin

City of Preston Idaho Registration District No. 27 File No.

No. ____ St. Primary Registration District No. 2119 Registered No. 315

Hospital

FULL NAME OF CHILD Evan Rae Jacobson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		10	yes	Dec 26 1919

FATHER		MOTHER	
FULL NAME	Peter M Jacobsen	FULL MAIDEN NAME	Anna M Jacobsen
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Dec 26-1919, at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tha B Holder

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Dec 31 19 19 Dr. A R Cutler
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1551 12 5021 #19

PLACE OF BIRTH

ADDED CHILD'S NAME 8-2-94

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho

Registration District No. 27

File No. 75278

No. ____ St.

Primary Registration District No. 2119

Registered No. 314

Hospital ____

FULL NAME OF CHILD MARTHA JENSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		3	yes	Dec 12 1919

FATHER	MOTHER
FULL NAME Hans Jensen	FULL MAIDEN NAME Mattie Howell
RESIDENCE Weston Idaho	RESIDENCE Weston Idaho
COLOR white AGE AT LAST BIRTHDAY 28 (Years)	COLOR white AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Weston Idaho	BIRTHPLACE Portage Utah
OCCUPATION Farmer	OCCUPATION House Keeper

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Dec 12-1919 (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician (Physician or midwife)

Address Weston Idaho

Given names added from a supplemental report.

....19....

....

Registrar

Filed Dec 30 1919 D A R Carter

Registrar

S-Y-CO 38071

K.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 75278

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Jensen (Name on Original Certificate) who born (Was Born or Died) on Dec. 12, 1919 (Date of Event)

in Weston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Correct Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Martha Jensen

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

Subscribed and sworn to before me this 4th day of August, 1941

Mary Schneider

Notary Public, residing at Boise Id.

My commission expires 3-26-2000

(Seal)

Signed x Martha J Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x 6789 Pinehurst St. Central Point Ore 97502
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55.155 CL 6-15-59. one copy pd. receipt #10913.

CERTIFICATE OF BIRTH STATE OF IDAHO FILED APR. 28, 1944 FILE #389523 SHOWS PAUL J. WHITE WAS BORN MARCH 25, 1944 IN PRESTON (FRANKLIN) ID TO EDYRE REX WHITE AND MARTHA JENSEN VIEWED VS.

DUPLICATE CERTIFICATE OF BLESSING FROM THE LDS CHURCH SHOWS MATHA JENSEN WHITE WAS BLESSED MARCH 4, 1919 VIEWED VS.

653126 021-318 amended 4/23/80

PLACE OF BIRTH

County of Franklin

City of Winder

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 2119

File No. 75279

Registered No. 338

FULL NAME OF CHILD Raymond Dean Wells

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	✓	yes	Dec. 24 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred E Wells	Bessie Taylor
RESIDENCE	Winder Idaho	Winder Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Preston Idaho	Fairview
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Alfred E Wells

Physician (Physician or midwife)

Address Preston Idaho

Filed Jan 6 1920 D A Wells Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

11-15-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 28 1 04 PM '80

State of _____ } ss.
County of _____

Certificate No. 75279
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Wells (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 26, 1919 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Raymond D. Wells

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

X _____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of January, 1980.

Notary Public, Richard D. [illegible]
Residing at Magna, Utah
My commission expires Dec 16, 1981
(Seal)

X Fon Wells Bennett
Supporting Signature

439 Wendell Way S.L.C. Ut 84115
Street Address, City, State

Honorable Discharege from the US Army gives nameas Raymond D. Wells born Dec 26, 1919 at Winder, Idaho. Date of Separation Nov 22, 1945. viewed by V. X.

APR 23 1980

Membership record from the LDS Church gives nameas Raymond Dean Wells born Dec 26, 1919 at Winder, Idaho. father's nameas Alfred Ephraim Wells and Bessie Taylor. Blessed Feb 2, 1928 and Baptized Oct 27, 1928. viewed by VS

693-112-021-819

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Fuaserton

Registration District No. 27

File No. 75280

No. ..... St.

Primary Registration District No. 2119

Registered No. 317

Hospital .....

FULL NAME OF CHILD Carlos Leroy Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m	✓			Yes	Nov 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Albert Williams	FULL MAIDEN NAME	Florence Elizabeth Hanst
RESIDENCE	Fuaserton	RESIDENCE	Fuaserton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oxford Ida	BIRTHPLACE	Salt Lake City
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 55 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler Jr

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Registrar

Filed Dec 30 1919 D R Cutler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-118-021-692

name added 1/21/81

Form V. S. No. 11-C—25m-9-8-19

PLACE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 7

File No. 75281

Primary Registration District No. 2119

Registered No. 295

FULL NAME OF CHILD Everett F. McDermott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	5	Yes	Oct 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George F McDermott	FULL MAIDEN NAME	Jennie Fisher
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Clifton	BIRTHPLACE	Oxford
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alvol (Born alive or stillborn) at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Esther E. L. Davis

Midwife (Physician or midwife)

Given names added from a supplemental report.

Earl F. McDermott 1919

Registrar

Address Clifton Idaho

Filed Dec 4 1919

D. A. Cutts
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-3-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
DEC 12 1980
VITAL STATISTICS

State of IDAHO
County of FRANKLIN } ss. DEC 12 11 02 AM '80

Certificate No. 75281
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed (Name on Original Certificate) who was born (Was Born, Died, etc.) on October 18, 1919 (Date of Event)
in Clifton (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs name	Unnamed	Everett F. McDermott

Subscribed and sworn to before me this 9 day of December, 19 80.
Notary Public, [illegible]
Residing at Renton
My commission expires 6/31/84
(Seal)

Everett F McDermott
Signature of Applicant
22150 SE 274 Pl. Kent Wn.
Street Address, City, State home address

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASH
County of King } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of December, 19 80.
Notary Public, [illegible]
Residing at Renton
My commission expires 6/31/84
(Seal)

X Ruby McDermott
Supporting Signature
17028 - 116 S.E. Renton, Wa
Street Address, City, State business address

lcc pd. # 9808

Certif f of Baptism from the LDS Church gives name as Everet Fishe r McDermott son of Geo. F. McDermott and and Jennie Fisher. born Oct 18, 1919 at Clifton, Idaho. Baptozed March 27, 1928. viiewed by V. S.

JAN 31 1981

Marriage license from the XXX Marriage Licesn in Idaho gives name as Everett McDermott and the bride s namr= as XXXXXX Ruby Anderson dated Nc= Decemberg 29, 1942. viewedby

VS,

866206
021866

PLACE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7528

Registration District No. 27 File No. .....

Primary Registration District No. 2112 Registered No. 896

FULL NAME OF CHILD Loretta Hooker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Y
Female		12	yes	Aug 6 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Simon Sidney Hooker	Emma Howell
RESIDENCE	Clifton	Clifton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	43
BIRTHPLACE	Clifton	Clifton
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life

(Signature) Mrs. Esther E. L. Davis

Midwife

Clifton

[illegible]

MARGIN RESERVED FOR BINDING

BE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

MAY 28 1942

AUG 7 1944

75412 021-553

PLACE OF BIRTH

Amended 2/28/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-Cr-75m-1-1-18

CERTIFICATE OF BIRTH

County of Franklin

City of minkcreek

Registration District No. 27 File No. 75284

No. ..... St.

Primary Registration District No. 2119 Registered No. 310

Hospital .....

FULL NAME OF CHILD Cecil Spencer Pearson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Dec 12 1919 (Month) (Day) (Year)
mail			

FATHER		MOTHER	
FULL NAME	Perry M Pearson	FULL MAIDEN NAME	Hannah nelson
RESIDENCE	mink creek Ida	RESIDENCE	mink creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	mink creek Ida
OCCUPATION	carpentar	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1-45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

nancy Rasmussen
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address mink creek Ida

born 15 to 2 am

Filed Jan 6 1920 Allen R Cutler
Registrar Registrar

S-Y CO. 24688

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FULL NAME OF CHILD

Sex of Child

Date of Birth

FULL NAME

FATHER

MAIDEN NAME

NOTHE

RESIDENCE

COLOR

AGE AT BIRTHDAY

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

75284

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City: Mink Creek

Street and House No.:

County: Franklin

Registered No. 210

Registration Dist. No. 27

Sex of Child: Male

Date of Birth: Dec (MONTH) 12 (DAY) 1917 (YEAR)

Father: Perry M. Persen (FULL NAME)

Mother: ~~Hannah~~ Nelson (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Cecil Persen (GIVEN NAME IN FULL) (SURNAME)

as reported by Hannah Persen (FATHER OR MOTHER)

D. A. Budds (LOCAL REGISTRAR)

JAN 14 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

JAN 14 1980

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss. Certificate No. 75284

County of Davis } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Cecil Persen (Name on Original Certificate) who was born (Was Born or Died) on Dec 12, 1919 (Date of Event)

in Mink Creek, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on Jan. 10 - 1980 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Cecil Persen	Cecil Spencer Pearson
father's last name	Persen	Pearson

Subscribed and sworn to before me this 10th day of Jan, 1980

Charles H Johnson

Notary Public, residing at Clearfield Utah

My commission expires July 5, 1982

(Seal)

Signed Hannah M Pearson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Preston Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Davis }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of Jan, 1980

Charles H Johnson

Notary Public, residing at Clearfield Utah

My commission expires July 5, 1982

(Seal)

Signed Marshall M Eaton

(Signature of Any Credible Person)

45 Lynn Wood Dr Clearfield Utah

(Street Address, City, State)

CL 1/14/75

Form DH 60-155

Certif of Baptism from the LDS Church gives name as Cecil Spencer Pearson son of Perry S. Pearson and Hannah Nelson. born Dec 12, 1919 at Mink Creek, Idaho. Baptized Aug 5, 1928. viewed by V. S.

FEB 29 1980

Certif of Ordination to the Office of Deacon give name as Cecil Spencer Pearson son of Perry Emil Pearson and Hannah Nelson. born Dec 12,1919 at Mink Creek, Idaho. Bap Baptized Aug 5, 1928. viewed by V. S.

116-028-859

PLACE OF BIRTH

STATE OF IDAHO
BU OF VITAL STATISTICS
RTIFICATE OF BIRTH

Form V. S. No. [illegible]

County of Kootenai

City of Rathdrum

No. ..... St.

Registration [illegible] 30

File No. 75285

Primary Registration District No. 1051 & 2051

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Eugene Hite

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	Dec. 16, 19

FATHER		MOTHER	
FULL NAME	Robert C. Hite	FULL MAIDEN NAME	Marie M. Herring
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ill.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born a Live (Born alive or stillborn) at 4.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Frank Wang

Physician

(Physician or midwife)

Address Rathdrum Ida

Filed 1/1 19 20. Frank Wang Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

JUL 1 6 1965

Dup of 1919 - 255138

217-116-028-863

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30

File No. 75286

No. — St.

Primary Registration District No. 1051 & 2051

Registered No.

Hospital —

FULL NAME OF CHILD Roy L. Sage

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Dec. 16, 1919

FATHER		MOTHER	
FULL NAME	Hugh R. Sage	FULL MAIDEN NAME	Lorena M. Hollar
RESIDENCE	Plains, Mont	RESIDENCE	Plains, Mont.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Mo.
OCCUPATION	R. R. Signalman	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician

(Physician or midwife)

Address Rathdrum, Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 1/1, 1920 Frank Wenz

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-216-028-363

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 75287

No. — St.

Primary Registration District No. 1051 & 2051 Registered No.

Hospital —

FULL NAME OF CHILD Winifred Irene Steele

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	Yes	Dec. 16. 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William N. Steele	FULL MAIDEN NAME	Bessie Lockyear
RESIDENCE	Hayden Lake, Ida.	RESIDENCE	Hayden Lake, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	63 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rathdrum, Idaho

19

Registrar

Filed 1/1 1920 Frank Wenz Registrar

AUG 2 2 1974

757210-028-762

PLACE OF BIRTH

Form V. S. No. 14-O—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30

File No. 75289

No. ..... St.

Primary Registration District No. 1051 x 2051

Registered No. .....

Hospital .....

FULL NAME OF CHILD Gladys M. Pegg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	twin		2	yes	Dec. 10. 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Pegg	FULL MAIDEN NAME	Ruby M. Goss
RESIDENCE	Rathdrum, Ida R.#1	RESIDENCE	Rathdrum, Ida. R.#1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wis.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Ida.

..... Registrar

Filed 1/1 1920 Frank Wenz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1943

757210-028-762

PLACE OF BIRTH

Form V. S. No. 15-C—Rev. 3-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30

File No. 75290

No. ..... St.

Primary Registration District No. 1051 & 2051

Registered No. .....

Hospital .....

FULL NAME OF CHILD Grace Adell Pegg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	twin		1	yes	Dec. 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Pegg	FULL MAIDEN NAME	Ruby M. Goss
RESIDENCE	Rathdrum, Ida. R#1	RESIDENCE	Rathdrum, Ida. R#1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wis.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Idaho

Filed 1/1 1920 Frank Wenz

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

663-106-013-614

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—[illegible]-8-8-17

CERTIFICATE OF BIRTH

County of Camas

City of Corral

No. 4 M. South St.
2 M. East

Hospital

Registration District No. 58

File No. 75291

Primary Registration District No. 2138

Registered No.

FULL NAME OF CHILD Ray Fredrick Wolfe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male.		yes.	Dec. 6 1919

FATHER		MOTHER	
FULL NAME	Jack Fred Wolfe	FULL MAIDEN NAME	Lela Lucille Wade
RESIDENCE	Corral, Idaho	RESIDENCE	Corral, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Ohio.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Willencheck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho.

19

Filed Jan. 7 1920

L Willencheck
Registrar

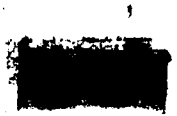
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 31. 1940. E.W.



413-125-029-386

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF [illegible]
BUREAU OF VIT[illegible]CS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

75292

Registration District No. 2147 File No. 5

Primary Registration District No. 67 Registered No. 17

FULL NAME OF CHILD DONALD ALVORD DALBERG

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	✓	✓	Yes	Dec. 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. P. Dalberg	FULL MAIDEN NAME	Ida Thompson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Minn.
OCCUPATION	laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9.45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

physician

(Physician or midwife)

Given names added from a supplemental report.

12-29-1919 Address Deary

R. C. Faust Registrar

Filed 12/29/19 R. C. Faust Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A [illegible]

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Deary
Street and House No.
County Latah

Registered Number 2147

Registration District No. 67

Sex of Child male

Date of Birth, 12 (Month) 25 (Day) 1919 (Year)

Full Name of Father L. O. Dalberg

Full Maiden Name of Mother Ida Thompson

I HEREBY CERTIFY that the child described herein has been named:

Donald Alvord Dalberg
(Given name in full) (Surname)

as reported by Mrs Ida Dalberg
(Father or Mother)

P. O. Tandy
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of LATAH } ss.

Certificate No. 75292

Date Filed MAY 27 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for "Unnamed" Dalberg (Name on Original Certificate) who was born (Was Born or Died) on Dec. 25th 1919 (Date of Event)
in Deary, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my own knowledge (Bible Record, Insurance Policy, Etc.) prepared on Dec. 25th, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Donald Alvord Dalberg

Subscribed and sworn to before me this 26th day of May, 1942

Notary Public, residing at Troy, Idaho.

My commission expires Aug. 1st 1945
(Seal)

Signed Ida C Dalberg (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Troy, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1927 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of May, 1942

Notary Public, residing at Troy, Ida

My commission expires 8-1-45
(Seal)

Signed [illegible] Johnson
(Signature of Any Credible Person Other Than Previous Year)

TROY IDAHO
(Street Address, City, State)

[redacted]

JUN 2 1942

445-226-024-212

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

Form V. S. No. 11-O—25m-6-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75293

Registration District No. 2147 File No. 5

Primary Registration District No. 67 Registered No. 18

FULL NAME OF CHILD Mary Jane Dunagan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Dec. 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Dunagan	FULL MAIDEN NAME	Jane Baker
RESIDENCE	Iowa	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Automechanic	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician
(Physician or midwife)

Given names added from a supplemental report.

12-29 1919 Address Deary

P. C. Faust
Registrar

Filed 12/29 1919 P. C. Faust
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-120-029-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—2Mm-8-8-17

PLACE OF BIRTH

County of Latah

City of Avon R.1

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75294

Registration District No. 2147 File No. 5

Primary Registration District No. 67 Registered No. 15

FULL NAME OF CHILD Gordon Matthew Osterberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓	Yes	Nov. 20 1919

FATHER		MOTHER	
FULL NAME	Herman Osterberg	FULL MAIDEN NAME	Gina Mathison
RESIDENCE	Avon R.1	RESIDENCE	Avon R.1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	N. Dak
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thilda Anderson
midwife
(Physician or midwife)

Given names added from a supplemental report.

12-8 1919 Address Avon R.1

P. C. Faust Registrar Filed 12/8 1919 P. C. Faust Registrar

APR 10 1942

411217-029-239

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-9-6-17

75295

Registration District No. 2147 File No. .....

Primary Registration District No. 67 Registered No. 16

FULL NAME OF CHILD Marjorie Geneva Dalberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		2	Yes	Dec. 17 19

FATHER		MOTHER	
FULL NAME	Hjalmer Dalberg	FULL MAIDEN NAME	Petra Lind
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida.	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	H-W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 11-45 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
Physician
(Physician or midwife)

Given names added from a supplemental report.

12-19 19 19 Address Deary

P. C. Faust Registrar

Filed 12-19 19 19 P. C. Faust Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

41.9.208.005-314

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. _____ St.

Hospital St. Maries

[redacted] V. S. No. 11—25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 75296

Primary Registration District No. 2049 Registered No. 87

Full Name of Child Violet Marie Martin

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female			Yes.	12 (Month) 8 (Day) 19 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Martin	Minnie Ethel LaMont (Grattan)
RESIDENCE	St. Maries, Idaho.	St. Maries Idaho.
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	20	16
BIRTHPLACE	Wisconsin	Courtney Montana.
OCCUPATION	Logger	Housewife.

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Stonewall

(Physician or ~~midwife~~)

Address St Maries

Given names added from a supplemental report.

..... 19.....

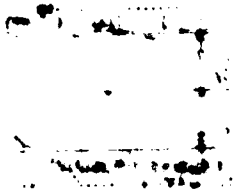
Registrar

Filed Jan 2 1920 H. E. Hurst

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
485-118 005-214
County of Benewah
City of St Maries
No. ..... St.
Hospital St Maries

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 32
Primary Registration District No. 2049

File No. 75297
Registered No. 88

Full Name of Child OSCAR ARMOND Deneault

SEX OF CHILD male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 12 (Month) 18 (Day) 19 9 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Arthur Deneault	FULL MAIDEN NAME	Rosa Sauvageau
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Illinois	BIRTHPLACE	Fargo N. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 50 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Cornwall
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....
Registrar

Address St Maries

Filed Jan 3 1920 H E Hunt
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Klamath

FEB 7 19[illegible]

Certificate No. 75297

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Oscar Armond Deneault (Name on Original Certificate) who was born (Was Born or Died) on Dec. 19 - 1919 (Date of Event)
in St. Maries Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on Dec 21 - 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Armond Oscar Deneault	Oscar Armond Deneault

Subscribed and sworn to before me this 5th day of February, 1942

Signed Mrs J A Deneault
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Lauretta Brien Klamath Falls, Ore.

My commission expires 6-5-45 (Seal)

1415 Oregon Ave Klamath Falls Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Klamath

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of February, 1942

Signed Holland T King
(Signature of Any Credible Person Other Than Previous Year)

Lauretta Brien
Notary Public, residing at Klamath Falls, Ore.

My commission expires 6-5-45 (Seal)

435 Division Klamath Falls
(Street Address, City, State)

FEB 19 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of St Maries

No. _____ St.

Hospital St Maries

[illegible]

CERTIFICATE OF BIRTH

Registration District No. 32

Primary Registration District No. 2049

File No. [illegible]

Registered No. [illegible]

Full Name of Child William Henry Clark

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	DATE OF BIRTH 12-26 (Month) [illegible]

FATHER		MOTHER	
FULL NAME	Clayton Alger Clark.	FULL MAIDEN NAME	Gladys Quayle
RESIDENCE	St. Maries Idaho.	RESIDENCE	St. Maries Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mankato Minn	BIRTHPLACE	Salt Lake City Utah.
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth Three Number of children of this mother now living, including present [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 [illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Cornwall

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St Maries

Filed Jan 3 1920 H E Hunt

Registrar

JUL 2 1 1971

249-129-0075

PLACE OF BIRTH

Form V. S. No. 11—25m

[redacted]ATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital St Maries

Registration District No. 32

Primary Registration District No. 2049

File No. 75299

Registered No. 90

Full Name of Child William Edward Burke

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	Dec 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl James Burke	FULL MAIDEN NAME	Nellie May Gray
RESIDENCE	Seattle Wn.	RESIDENCE	St. Maries Idaho Box 567
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Madison Wisc.	BIRTHPLACE	Spokane Wash.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Elonewall

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St Maries

Filed Jan 3 1920 H E Hunt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

314-229-005-2

PLACE OF BIRTH

No. 11-C—25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32 File No. 75300

No. ..... St.

Primary Registration District No. 2049 Registered No. 86

Hospital .....

FULL NAME OF CHILD HELEN MAXINE Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	3	Yes	12 29 1919

FATHER		MOTHER	
FULL NAME	Fred D. Campbell	FULL MAIDEN NAME	Harriet Brettcher
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Texas	BIRTHPLACE	Spokane wash
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

Phy (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Maries

Filed Jan 3 1919 H E Hunt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 75500

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen Maxine Campbell

Subscribed and sworn to before me this 8 day of July 1942

Notary Public, residing at Orofino

My commission expires May 10, 1945

(Seal)

Father Fred L. Campbell
Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Orofino Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clearwater }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of July 1942

Notary Public, residing at Orofino

My commission expires May 10, 1945

(Seal)

Mother Harriet A. Campbell
Signed
(Signature of Any Credible Person Other Than Previous Year)

Orofino Ida
(Street Address, City, State)

JUL 1 3 1942

493 [illegible] 05-643

PLACE OF BIRTH

County of Kootenai

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of St Joe — Registration District No. 32 — File No. 75301

No. ____ St. — Primary Registration District No. 2049 — Registered No. 85

Hospital ____

FULL NAME OF CHILD Hazle Joyce Dittman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	and	6	Yes	11. 10 1919

FATHER		MOTHER	
FULL NAME	Henry Dittman	FULL MAIDEN NAME	Mamie Sulzer
RESIDENCE	St Joe Ida	RESIDENCE	St Joe Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill	BIRTHPLACE	Germany
OCCUPATION	Timber worker	OCCUPATION	Housework

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE†

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M. on the date above stated.

(Signature) Owen D. Plett

Phy (Physician or midwife)

Address St Maries

Filed Jan 3 1920 H E Smith Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 75301

State of Idaho } ss.
County of Benewah }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for unnamed Dittman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 10, 1919 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by birth record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 10, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Dittman	Hazàd Joyce Dittman

Subscribed and sworn to before me this 16th day of May, 19 42

Notary Public, residing at St. Maries, Ida.

My commission expires (SEAL)

NOTARY PUBLIC FOR THE STATE OF IDAHO, RESIDING AT ST. MARIES, IDAHO
MY COMMISSION EXPIRES FEB 24 1945

Signed [signature] (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

St. Maries, Idaho (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Benewah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 19 42

Notary Public, residing at St. Maries, Idaho

My commission expires (SEAL)

NOTARY PUBLIC FOR THE STATE OF IDAHO
MY COMMISSION EXPIRES FEB 24 1945

O.D. Platt or D. allending

Signed [signature] (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

St. Maries, Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on MAY 22 1942 By (REGISTRAR'S SIGNATURE)

JAN 9 1975

3:69-110 B05-236

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32 File No. 75302

No. ..... St.

Primary Registration District No. 2049 Registered No. 84

Hospital .....

FULL NAME OF CHILD Cory.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m	—		7	Yes	11 (Month) 10 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Cory	FULL MAIDEN NAME	Olive Scott
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries Idaho
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ohio	BIRTHPLACE	Mich
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt

Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries

Filed Jan 3 1920 H E Hunt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1971

469-129-005-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah.

City of Fernwood

No. ——— St.

Hospital ———

Registration District No. 32 File No. 75303

Primary Registration District No. 2049 Registered No. 83

FULL NAME OF CHILD Baby Markle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.				yes.	Dec 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd E. Markle.	FULL MAIDEN NAME	Florence Burch.
RESIDENCE	Fernwood	RESIDENCE	Fernwood.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	R.R. Trainman	OCCUPATION	House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn), at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinsolving M.D.
Physician.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Maries. Ida.

Filed Dec 30 1919 H. E. Hunt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75305

County [redacted] 016-29

City [redacted]

Registration District No. 130

File No. XXX

No. [redacted] St.

Primary Registration District No. 299

Registered No. 15

Hospital [redacted]

FULL NAME OF CHILD La Rae Dunfee Leola Dunfee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			Yes	Dec 1 1929 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Dunfee	FULL MAIDEN NAME	Anna A. Bruesch
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Providence Utah	BIRTHPLACE	Silver City New Mex.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3:20 A.M. on the date above stated.

(Signature) Mrs Annie Green

(Physician or midwife)

Address Mrs A. Green Almo Idaho

Filed Dec 30 1929

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 75305

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Leola Durfee (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec-1-1919 (DATE OF EVENT) in Almo, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1906 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Leola Durfee	La Rae Durfee

Subscribed and sworn to before me this 2nd day of February, 19 42

Henry Thompson

Notary Public, residing at Malta, Idaho

My commission expires Jan-25-1945.

(SEAL)

Signed Anna A. Durfee

(SIGNATURE OF PARENT OR ~~ATTENDANT~~ IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Almo Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of February, 19 42

Henry Thompson

Notary Public, residing at Malta, Idaho

My commission expires Jan-25-1945.

(SEAL)

Signed Clve Sanders Malta Ida

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 7 1942

299-111-

PLACE OF BI[redacted]

016-689

Form VIS. No. 11-C—[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75307

County of Cassia

City of Moulton

No. ..... St.

Hospital Home

Registration District No. 120

File No. XXII

Primary Registration District No. 2199

Registered No. 17

FULL NAME OF CHILD Rex Bird

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec. 11. 1919 12 (Month) (Day) 18 (Year)

FATHER		MOTHER	
FULL NAME	Henry Joseph Bird	FULL MAIDEN NAME	Lydia White
RESIDENCE	Moulton Idaho	RESIDENCE	Moulton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Murray Utah	BIRTHPLACE	Far. West Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mrs Annie Green Almo Idaho

Filed Dec 31 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

966-213-016-01-9

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75308

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 122

Primary Registration District No. 2199

File No. XX11

Registered No. 18

FULL NAME OF CHILD Larene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	Dec 13th 1919

FATHER		MOTHER	
FULL NAME	Wilford Marion Rowley	FULL MAIDEN NAME	Julia Irene Hardy
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nephi Utah	BIRTHPLACE	St. George Utah
OCCUPATION	Carpenter	OCCUPATION	house wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Dec. 13th at 15 to 3 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Maria C. Hardy
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Dec 30 1919

[illegible signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-23-326-613

PLACE OF BIRTH

Form V. S. No. B-C—Rev. 3-1-17

STATE OF IDAHO,
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75309

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 13

Primary Registration District No. 2494

File No. XX 11

Registered No. 14

FULL NAME OF CHILD Maybe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Dec 13 19

FATHER		MOTHER	
FULL NAME	John Maybe	FULL MAIDEN NAME	Alice Walker
RESIDENCE	Oakley Id	RESIDENCE	Oakley Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Nelson

(Physician or midwife)

Address Oakley Id

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 31 19 19 W. O. Nelson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-218-016-395

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75310

County of Ada

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 121

File No. XXII

Primary Registration District No. 2199

Registered No. 24

FULL NAME OF CHILD Roma Matundale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Dec. 18 1919

FATHER		MOTHER	
FULL NAME	Alonzo Matundale	FULL MAIDEN NAME	Lucy Arminda Trinley
RESIDENCE	Oakley Id	RESIDENCE	Oakley Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Marshall	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Id

Filed Dec 30 1919

A. F. O. Nielson
Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 25 310

County of Cassia } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed Martindale (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 18, 1919 (DATE OF EVENT)

in Oakley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared ~~on~~ at time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No Name	Roma Martindale
Mother's Maiden Name	Lucretia	Lucy Arminda Tinsley

Subscribed and sworn to before me this 9th day of October, 1943

Henry W. Tucker

Notary Public, residing at Burley, Ida.

My commission expires 6-1-46

(SEAL)

Signed Lucy Arminda Tinsley Martindale

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

Burley, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of October, 1943

Henry W. Tucker

Notary Public, residing at Burley, Ida

My commission expires 6-1-46

(SEAL)

Signed Lyman L. Martindale

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

252 No. Noonan Burley, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

OCT 15 1943

243-123-016-281

PLACE OF BIRTH

name added 11-19-82

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75311

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXII

Primary Registration District No. 2199

Registered No. 21

FULL NAME OF CHILD Grant Logan Sullivan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Dec 23 1919

FATHER		MOTHER	
FULL NAME	John Sullivan	FULL MAIDEN NAME	Eva Sharling
RESIDENCE	Oakley, Id	RESIDENCE	Oakley, Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Id

Filed Dec 30 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1971

9-30-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 18 10 19 AM '82

State of _____ } ss.
County of _____

Certificate No. 75311
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sullivan (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-23-19 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Grant Logan Sullivan

Subscribed and sworn to before me this 16th day of November, 1982

Notary Public Frank E. Keorne
Residing at Burley, Idaho
My commission expires Life term
(Seal)

Grant E. Sullivan
Signature of Applicant
PO Box 68 Oakley Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of November, 1982

Notary Public Maureen McClung
Residing at Paul Id.
My commission expires Life
(Seal)

Frank E. Keorne
Supporting Signature
1801 - Buttonwood Burley Id.
Street Address, City, State

1 cc pd

Marriage License from state of Idaho County of Cassia gives groom as Grant Logan Sullivan born 12-23-19inIdaho to Evelyn Kelsay Wetzler. License issued June 28, 1951. Viewd by V.S.

NOV 19 1982

Honorable Discharge from U.S. Army gives Grant L Sullivan born 12-23-19 in Oakley, Idaho was discharged on September 4, 1945. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-225-016-331

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75312

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXII

Primary Registration District No. 2199

Registered No. 22

FULL NAME OF CHILD Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Butler	FULL MAIDEN NAME	Tea Clark
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Ida

Filed Dec 30 1919

[signature] Registrar

Registrar

APR 2 6 1967

DECEASED
10-13-03
ID
03-7665

759-228-016-269

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75313

Registration District No. 120 File No. XXII

Primary Registration District No. 2191 Registered No. 23

FULL NAME OF CHILD Gorrange

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Gorrange	FULL MAIDEN NAME	Detta Boren
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Id.

Filed Dec 30 1919 H. C. Nielson Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

454-125-009-231

[redacted]RTH

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75314

County of Bonner

City of Edgemere

Registration District No. 81

File No.

No. ..... St.

Primary Registration District No.

Registered No. 38

Hospital

FULL NAME OF CHILD Sheldon Slavens Merritt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anthony Merritt	FULL MAIDEN NAME	Selma Slavens
RESIDENCE	Edgemere	RESIDENCE	Edgemere
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 32 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address [illegible] RIVER, IDAHO

Filed Jan. 5, 1920

M R King
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 0 1945

[redacted]

319-221-0 09 819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

No. _____ St.

Hospital _____

Registration District No. 81

File No. 75315

Primary Registration District No. _____

Registered No. 37

FULL NAME OF CHILD Willma Therisa Carl

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		10	Yes	Dec. 21, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Carl	FULL MAIDEN NAME	Therisa Carl
RESIDENCE	Laclede, Idaho.	RESIDENCE	Laclede, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Saw mill Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M R King

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Laclede Idaho

Filed Dec 21, 1919 M R King Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1967

753-122-
027-236

PLACE OF [redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome,

City of Jerome Registration District No. 53 File No. 75316

No. ..... St.

Hospital Home Primary Registration District No. 117-2017 Registered No. Robin

FULL NAME OF CHILD Petrie, James ~~Scott~~

Sex of Child M | ~~Twin Triplet~~ or other? and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 22 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George D Petrie	FULL MAIDEN NAME	Georgiana Scott
RESIDENCE	Jerome	RESIDENCE	Jerome.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ill.	BIRTHPLACE	Calif.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. F. Zeller.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Jerome

Filed 11 7 1920 E. D. Piper Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1942

231-224-927-218

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75317

Registration District No. 23 File No. .....

Primary Registration District No. 202-207 Registered No. .....

FULL NAME OF CHILD Blankenship, Edith Mildred

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			2	yes	Dec 24 1919

FATHER

FULL NAME Spencer Blankenship.

RESIDENCE Jerome.

COLOR White. AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Katherine Boyd.

RESIDENCE Jerome.

COLOR White. AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Oregon.

OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. F. Zeller.

(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/7 1920 E. D. Pifer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1965

JUN 20 1946

JUN 19 1946

857-231-06-735

PLACE OF BIRTH

County of Cassia

City of Elba amended 8/13/80

No. ..... St.

Hospital at home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 75318

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jessie Fern Hepworth

Sex of Child Female | Twin Triplet or other? — | and | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 31 (Month) (Day) 19 19 (Year)

FATHER		MOTHER	
FULL NAME	Russel King Hepworth	FULL MAIDEN NAME	Jane Glenn
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Washington Co Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Box-elder Co Utah
		OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Address Malta Idaho

Filed Jan 5 1920 C. I. Sater Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 75318
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female child Hepworth (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 31, 1919 (Date of Event)

in Elba, ID (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Jessie Fern Hepworth

Subscribed and sworn to before me this 13 day of August, 1980.

Notary Public, [signature]
Residing at [illegible]
My commission expires [illegible]
(Seal)

Fern Bingham
Signature of Applicant

Rt # 4. Buhl Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary XX/XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

8/12/80

Own ~~xxxix~~ child's birth record, Larry Charles Bingham, born March 5, 1943 in Burley, ID. S.F.#371776, lists mother as Jessie Fern Hepworth.
viewed by vs Aug. 12, 1980

Marriage certificate, Salt Lake County, Utah, lists bride as Jessie Fern Hepworth. Married Feb. 17, 1942, Salt Lake City, Utah.
viewed by vs Aug. 13, 1980

693-118-0463 19

1100

PLACE OF BIRTH

County of Washington

City of Jonathan

No. _____ St.

Hospital _____

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 86 File No. 75319

Primary Registration District No. 2112 Registered No. 90

FULL NAME OF CHILD ~~Vernon~~ Wilburn VERNON KEITH WILBURN

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	9	Yes	9 18 1919

FATHER	MOTHER
FULL NAME: Bird Wilburn	FULL MAIDEN NAME: Dessa Carpenter
RESIDENCE: Paddock Valley, Idaho	RESIDENCE: Paddock Valley, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 45 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.25a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.
(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report.

....., 19.....
Registrar

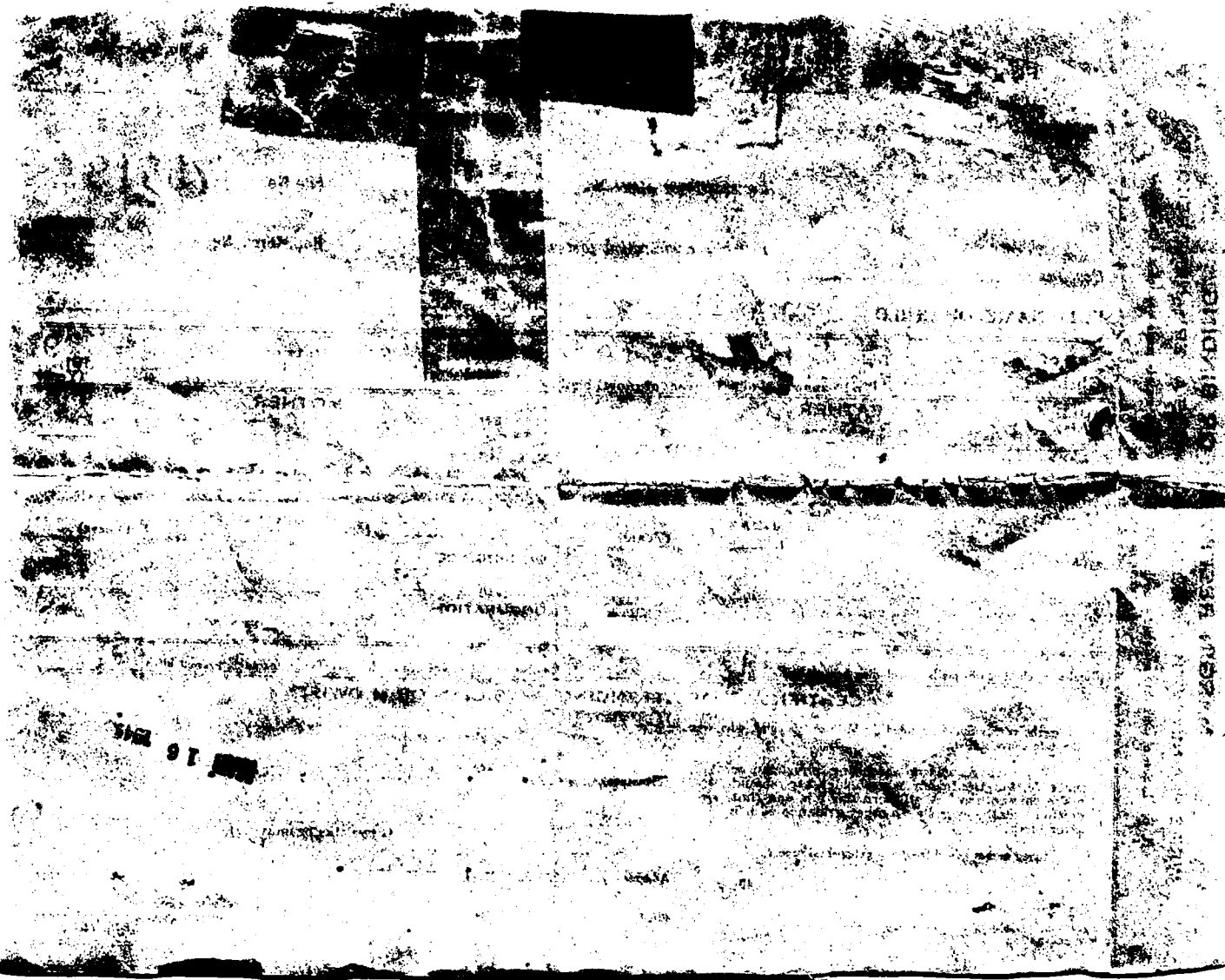
Filed 10/1 1919 W. R. Hamilton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



666-104-044-255

PLACE OF BIRTH

County of Washington

City of Mesa

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86

File No. 75320

Primary Registration District No. 212

Registered No. 89

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12/4/19

FATHER		MOTHER	
FULL NAME	William A Moody	FULL MAIDEN NAME	Elsie Beebe
RESIDENCE	Mesa - Ida R 4 D No 2.	RESIDENCE	Mesa - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

(Signature) W. R. Hamilton M D

(Physician or midwife)

Address Mesa - Ida

Filed 12/31/19

W. R. Hamilton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1919-29692/

391-127-044-231

1105

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Warm Spring Creek

Registration District No. 86 File No. 75321

No. ..... St.

Primary Registration District No. 2112 Registered No. 88

Hospital .....

FULL NAME OF CHILD James Lawrence Cramer

Sex of Child: Male	Twin Triplet or other? # and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 12 (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harry C. Cramer	FULL MAIDEN NAME	Bertha Stanton
RESIDENCE	Warm Spring Creek, Ida.	RESIDENCE	Warm Spring Creek, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	California	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.45 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

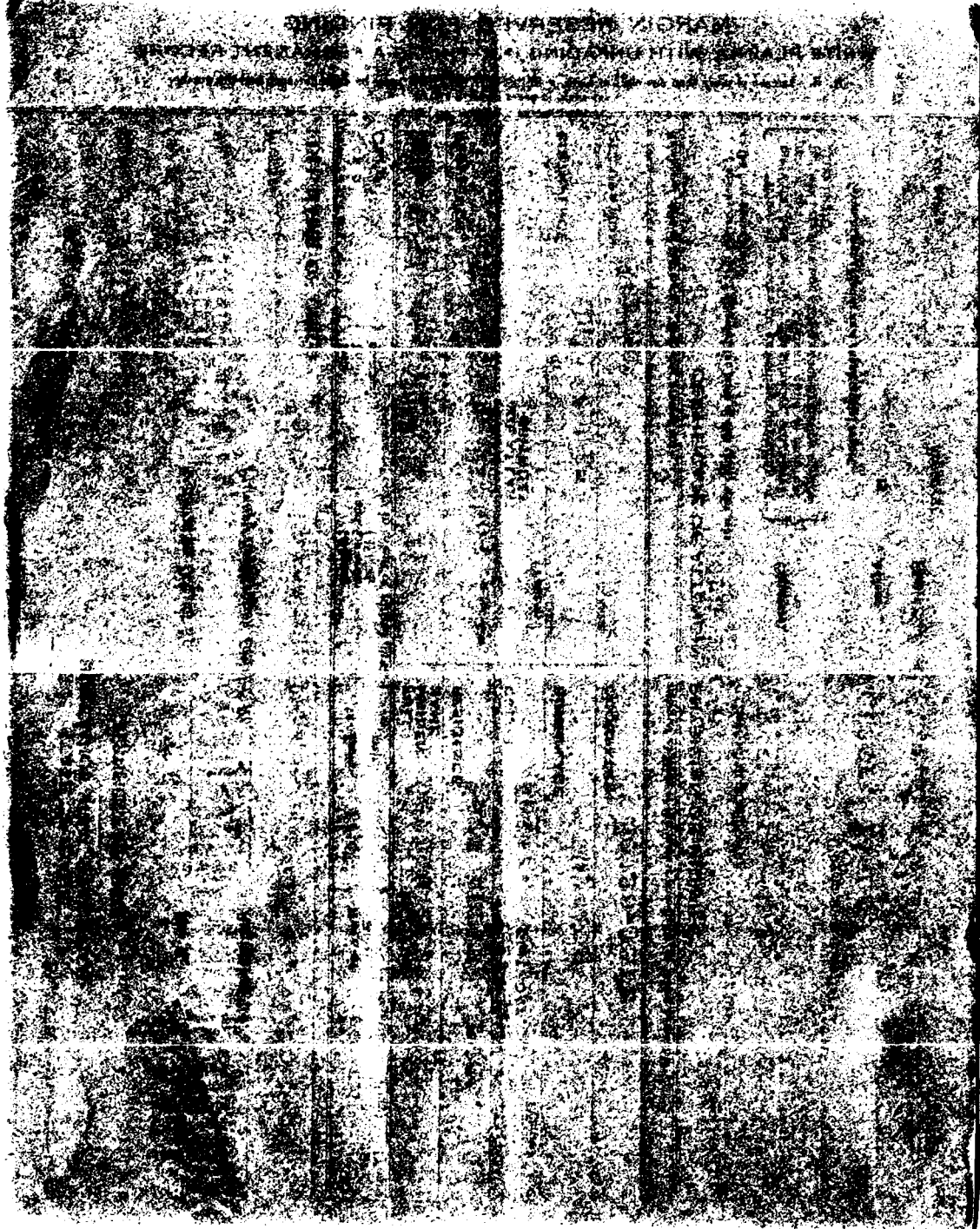
..... 19....

Address Weiser, Idaho.

Filed 12/31 1919 W. R. Hamilton
Registrar

Registrar

S-Y CO. 24655



515-216-084-113

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75322

Registration District No. 86

File No. .....

Primary Registration District No. 2112

Registered No. 87

FULL NAME OF CHILD Van Louven

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Van Louven	FULL MAIDEN NAME	Ida Jackson
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 15 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

..... Registrar

Filed 12/31 1919 W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-112-044-342

PLACE OF BIRTH

County of Washington

City of Weiser

No. 7th St.

Hospital

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 86

File No. 75323

Primary Registration District No. 1010

Registered No. 86

FULL NAME OF CHILD Dean L. Benson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aaron C. Benson	FULL MAIDEN NAME	Fannie W. Lusherini
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Weston Ida	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.50 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Hallchorn

physician
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Filed 12/31 1919 W. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1966

349-209-044-241

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

75324

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 85

FULL NAME OF CHILD Eleanor Turner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ret E. Turner	FULL MAIDEN NAME	Florence Smalley
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Okla
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.19 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed 12/31 1919 W. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1983

867-102-044-389

PLACE OF BIRTH

County of Washington

City of Weiser

No. 521 E. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Mm-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 75325

Primary Registration District No. 1010 Registered No. 84

FULL NAME OF CHILD DONALD LEE Hopkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Hopkins	FULL MAIDEN NAME	Carrie Christensen
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Wash
OCCUPATION	Mail Carrier	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Registrar

Filed 12/31/ 1919 W. R. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

SEP 2 6 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT ~~OR~~ AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Weiser }

Certificate No. # 75325
Date Filed 12-31-19

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Hopkins (Name on original certificate) who was born (Was born or died) on December 2, 1919 (Date of event)
in Weiser Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Personal Knowledge (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Donald Lee Hopkins

Subscribed and sworn to before me this 13th
day of Sept., 1920
C.E. Taylor
Notary Public, residing at Weiser, Idaho
My commission expires Dec. 10-1922
[SEAL]

Signed Leo Hopkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Weiser Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[This affidavit MUST also be executed.
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of Sept., 1920
C.E. Taylor
Notary Public, residing at Weiser, Idaho
My commission expires Dec. 10-1922
[SEAL]

Signed F.B. Floyd
(Signature of any credible person other than the previous affiant.)
Weiser Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MAY 7 1953

962-102-044-249

PLACE OF BIRTH

County of Washington

City of Weiser

No. E Idaho St.

Hospital

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 75326

Primary Registration District No. 1010 Registered No. 83

FULL NAME OF CHILD Donald Edward Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Roberts	FULL MAIDEN NAME	Mable Smith
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Nebr.
OCCUPATION	Mechanic	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 35 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Registrar

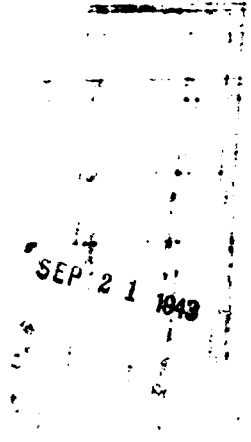
Filed 12/31 1919 W. R. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


SEP 21 1943

1104

693-112-0447755

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. 664 W. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form ... rev-1-1-18

Registration District No. 86 File No. [redacted]27

Primary Registration District No. 1010 Registered No. ...

FULL NAME OF CHILD Sanford Walter Willis

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	# (To be answered only in event of plural births)	and 5	Yes	12 (Month) 12 (Day) 191 9 (Year)

FATHER		MOTHER	
FULL NAME	Walter D. Willis	FULL MAIDEN NAME	Fawn Hazel Lee
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Photographer	OCCUPATION	House-wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.10 p.m. on the date above stated.

(Born alive or stillborn)

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Filed 12/31/19 19 W R Hamilton

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

755125 044-692

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 86 File No. 75328

Primary Registration District No. 2112 Registered No. 81

FULL NAME OF CHILD EVERETT DAVID PEERY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	12 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Roy Peery	FULL MAIDEN NAME	L. C. Wisdom
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Cedar Rapids Nebraska	BIRTHPLACE	Ontario Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:24 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Filed 12/31 1919 [illegible]

Registrar Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 75328

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Peery (NAME ON ORIGINAL CERTIFICATE) who was born on 12-25-1919 (WAS BORN OR DIED) (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE, POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM - (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Everett David Peery

Subscribed and sworn to before me this 18
day of May, 1942

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(SEAL)

Signed Mrs. L C. Wisdom Peery
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAY 18 1942

MAY 29 1953

FEB 2 - 1954

769-210-044-814

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 76

Primary Registration District No. 1010

File No. 75329

Registered No. 80

FULL NAME OF CHILD Virginia Lee Gordon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alanson C. Gordon	FULL MAIDEN NAME	Bessie Belle Hamilton
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Saranac Michigan	BIRTHPLACE	Denver Colorado
OCCUPATION	Movie Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed 12/31 1919 W. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1946

243-208-044-249

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

Primary Registration District No. 1010

File No. 75330

Registered No. 79

FULL NAME OF CHILD Honore Kutch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Rolf Stanton Kutch	FULL MAIDEN NAME	Flora Smith
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Aurora Nebraska	BIRTHPLACE	Greenwood, New York
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Idaho

Filed 12/31 1919 W. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1942

693-208-044-769

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 75331

No. ..... St.

Primary Registration District No. 2112

Registered No. 78

Hospital .....

FULL NAME OF CHILD Martha Wilde

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	12 8 1919

FATHER		MOTHER	
FULL NAME	Leo Junius Wilde	FULL MAIDEN NAME	Ollie Porter
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Ontario Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest G. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Idaho

Filed 12/31 1919 W. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 8 1944

796-205-044-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

Primary Registration District No. 2112

File No. 75332

Registered No. 77

FULL NAME OF CHILD Katherine Laura Crow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Clarence Crow	FULL MAIDEN NAME	Beatrice Olive Williams
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Deadwood S. Dakota	BIRTHPLACE	Monto Christo Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest G. Fanny

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Filed 12/31 1919 W. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-125-044256

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 75333

No. ..... St.

Primary Registration District No. 2112

Registered No. 76

Hospital .....

FULL NAME OF CHILD JAMES FRANK LARSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	1 25 1919

FATHER		MOTHER	
FULL NAME	Ephriam Larsen	FULL MAIDEN NAME	Vivian K. Nolton
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Hiram Utah	BIRTHPLACE	Grantsville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest A. Finney

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Filed 12/31 1919 W. R. Hamilton
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 75333

Date Filed 1-29-42

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Larsen	James Frank Larsen

Subscribed and sworn to before me this 29th day of January, 1942

Notary Public, residing at Weiser

My commission expires 7-15-45

(SEAL)

Signed V K Larsen (Parent)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

Weiser Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 1942 By .....

(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796.224.046.296

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

Primary Registration District No. 2112

File No. 75334

Registered No. 75

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11 24 1919

FATHER	MOTHER
FULL NAME: Russell H. Gross	FULL MAIDEN NAME: Lovie Brown
RESIDENCE: Weiser Idaho	RESIDENCE: Weiser Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Cedar Valley Missouri	BIRTHPLACE: Barville Ark.
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Finney

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 12/31 1919 W. R. Hamelton

Registrar

619-117-044-217

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

Primary Registration District No. 1010

File No. 75335

Registered No. 74

FULL NAME OF CHILD Robert Baxter Warner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	11 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Karl Metz Warner	FULL MAIDEN NAME	Buelah Baxter
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	McComb, Ohio.	BIRTHPLACE	Greeley Colorado
OCCUPATION	Stenographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest B. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Idaho

Filed 12/31 1919 M. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1963

493-205 (044-69)

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

Primary Registration District No. 1010

File No. 75336

Registered No. 73

FULL NAME OF CHILD Elsie Elizabeth Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	11 (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Robert Howard Miller	FULL MAIDEN NAME	Alice Pearl Williams
RESIDENCE	Weiser, Idaho.	RESIDENCE	Weiser, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Beaver City Missouri	BIRTHPLACE	Albany, Oregon.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Idaho

Filed 12/31 1919 W R Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1943

759-202 1044-268

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-[illegible]

Registration District No. 86

File No. 75337

Primary Registration District No. 1010

Registered No. 72

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	11 2 191.9

FATHER		MOTHER	
FULL NAME	Walter Gerdau	FULL MAIDEN NAME	Harriet Boyd
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Payette Idaho	BIRTHPLACE	Kansas
OCCUPATION	Meat Cutter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:18 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ernest O. Fussner

Physician

(Physician or midwife)

Address Weiser, Idaho

Filed 12/31 1919 M. R. Saunders

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-37583

249 131.046/41

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 75338

No. ..... St.

Primary Registration District No. 1010

Registered No. 71

Hospital .....

FULL NAME OF CHILD Charles Edward Burton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	10 (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred A. Burton	FULL MAIDEN NAME	Reba Amass
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wichita Kansas	BIRTHPLACE	Loveland Colo.
OCCUPATION	Manager of flour mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest C. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Idaho

Registrar

Filed 12/31 1919 W. R. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC issued Jan. 29, 1941 Z.J.

756-222-016-864

PLACE OF BIRTH

County of [redacted]ia

City of Mal

No. ..... St.

Hospital At Home

[redacted] IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 75339

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary George

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Dec 22 1919

FATHER		MOTHER	
FULL NAME	John William George	FULL MAIDEN NAME	Mary Ethel Young
RESIDENCE	Mal Idaho	RESIDENCE	Mal Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	College Ward Utah	BIRTHPLACE	Mt Pleasant Utah
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Satue M.D.
(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 1 19 19 C. D. Satue
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-223-016-993

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

No. ..... St.

Hospital At Home

Registration District No. 119

File No. 75340

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Dec (Month) 23 (Day) 19 (Year)

FATHER

FULL NAME: Asel Bryan Parish

RESIDENCE: Elba Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Elba Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sarah Ethel Rich

RESIDENCE: Elba Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Elba Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Bates M D

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19.....

C I

Registrar

Filed Jan 1 19 19

C I Bates

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-131-016-195

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Bridges

No. ..... St.

Hospital At home

Registration District No. 119 File No. 75341

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec 31 1919

FATHER		MOTHER	
FULL NAME	Samuel A Bateman	FULL MAIDEN NAME	Ada C. Arnold
RESIDENCE	Bridges Idaho	RESIDENCE	Bridges Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Salt Lake Co Utah	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Sater M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malta Idaho

Filed Jan 1 1919 C F Sater

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-208-016-623

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 119 File No. 75342

No. ..... St.

Hospital at home Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mayine Osborn Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Dec 8 19 19

FATHER		MOTHER	
FULL NAME	Ralph Obray Smith	FULL MAIDEN NAME	Lilly Lorena Osborn
RESIDENCE	Malta Ida	RESIDENCE	Malta, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Paradise Utah	BIRTHPLACE	Connor Cr. Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.55 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Soter M.D.

(Physician or midwife)

Address Malta Ida

Filed Jan 1 19 19 C. L. Soter

Registrar

·Given names added from a supplemental report.

19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

672-219028-556

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

[redacted] BUREAU [redacted] ATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

75343

Registration District No. 124 File No. 3

Primary Registration District No. 2204 Registered No. 42

FULL NAME OF CHILD Flora Mathea Olson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 19 1919

FATHER		MOTHER	
FULL NAME	Axel C Olson	FULL MAIDEN NAME	Ida Newton
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wash.
OCCUPATION	Com Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 19-19 at 11-a M. on the date above stated.

(Born alive or stillborn)

(Signature) J M Tenney

Physician

(Physician or midwife)

Address Harrison Ida

Filed Jan 1 1920 J M Tenney

Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

AUG 6 1942

319-128-028-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75344

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 126

File No. 35

Primary Registration District No. 2204

Registered No. 43

FULL NAME OF CHILD ALAN EDWARD CARLSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. A. Carlson	FULL MAIDEN NAME	Claudia Smith
RESIDENCE	Sinfor Ida	RESIDENCE	Sinfor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Amer	BIRTHPLACE	Wis
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 28-19 (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney Jnt

(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida

_____ 19__

Filed Jan 1 1920 J M Finney

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 75344

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Alan Edward Carlson (Name on original certificate) who born (Was born or died) on Dec 28 1919 (Date of event)

in Harrison (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Carlson	Alan Edward Carlson

Subscribed and sworn to before me this 29 day of December, 1941

M A Kiger

Notary Public, residing at Harrison

My commission expires 11/4/42

[SEAL]

Signed Mrs Claudia Carlson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Harrison
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of December 1941.

M A Kiger

Notary Public, residing at Harrison

My commission expires 11/4/42

[SEAL]

Signed Edward A Carlson
(Signature of any credible person other than the previous affiant.)

Harrison
(Street Address, City, State)

Received for filing on JAN By
(Registrar's signature)

453-209-029-253

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL S[redacted]

[redacted]V. S. No. 11-C—25m-9-8-15

75345

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

No. ..... St.

Hospital .....

Registration District No. 66

File No. 21

Primary Registration District No. 2146

Registered No. .....

FULL NAME OF CHILD ~~XXXXXXX~~ DORIS Ethel Mellon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Mellon	FULL MAIDEN NAME	Gladys Bellomy
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	West Virginia
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or ~~stillborn~~), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bovill Idaho

Filed Dec. 13 1919 Mrs J. C. Gibson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kentucky } ss.
County of Boyd }

Certificate No. 75345

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Doris Ethel Mellon (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Dec. 9- 1919 (DATE OF EVENT)
in Bovill Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Avis Ethel Mellon	Doris Ethel Mellon

Subscribed and sworn to before me this 1st day of May, 1942.

F. W. Martin
Notary Public, residing at Ashland Ky
My commission expires Mar. 14-1946
(SEAL)

Signed Mrs. Gladys Mellon
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Ashland, Ky.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kentucky } ss.
County of Boyd }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 1942.

F. W. Martin
Notary Public, residing at Ashland
My commission expires Mar. 14-1946
(SEAL)

Signed Williams Mellon
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1040-Diuon St.
Ashland, Ky.
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 11 1942 By
(REGISTRAR'S SIGNATURE)

MAY 14 1962

OCT 3 1973

719 #02-029-735

PLACE OF BIRTH

County of Latah

City of Bovill

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

75346

Registration District No. 66 File No. 22

Primary Registration District No. 2146 Registered No. ____

FULL NAME OF CHILD Wallace Bruce Parcher

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 - 2 - 1919

FATHER	MOTHER
FULL NAME Henry Fredrick Parcher	FULL MAIDEN NAME Mary Robertson Glen
RESIDENCE Bovill Idaho	RESIDENCE Bovill Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Canada	BIRTHPLACE Scotland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 - 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

....., 19....

....., Registrar

Filed 12/30 1919 Mrs. J. C. Gibson Registrar

8-Y-CO 38077

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 1974

APR 3 1945

JUN 14 1944

OCT 13 1944

455116.029-165

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Palouse Precinct

Registration District No. 65

File No. 75347

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD ROBERT DALE Deerkop.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	August Deerkop	FULL MAIDEN NAME	Opal Jones
RESIDENCE	Palouse Precinct	RESIDENCE	Palouse Precinct
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1-20 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Dartt

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Palouse Wn

Filed Dec. 29 1919. Dr. J. W. Thompson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO 75347

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Potlatch

Street and House No.

County Latah

Registered No. 65

Registration Dist. No. 2145

Sex of Child Male

Date of Birth Dec. 16. 1919
MONTH DAY YEAR

Father August Deerkop
FULL NAME

Mother Opal Jones
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Robert Dale Deerkop
GIVEN NAME IN FULL SURNAME

as reported by August Deerkop
FATHER OR MOTHER

D. J. H. Thompson
LOCAL REGISTRAR

JUL 10 1962

212-120-029-713

PLACE OF BIRTH

Form V. S. No. 11—20m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

No. ____ St.

Hospital ____

Registration District No. 6 J

Primary Registration District No. 2145

File No. 75348

Registered No. ____

FULL NAME OF CHILD JOHN EDWIN Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	✓	✓	yes.	Nov 30 1919

FATHER	MOTHER
FULL NAME Andrew J. Baker	FULL MAIDEN NAME Jewel Patton
RESIDENCE Potlatch	RESIDENCE Potlatch
COLOR White. AGE AT LAST BIRTHDAY 24 (Years)	COLOR White. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri.
OCCUPATION Laborer	OCCUPATION Housewife.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7 A. M. on the date above stated.

(Signature) Dr. J. M. Thompson

M. D.

(Physician or midwife)

Address Potlatch Idaho.

Filed Dec. 11th 1919. Dr. J. M. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. NOV 1 1941
County of Merced }

Certificate No. 75348
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Edward Baker (Name on original certificate) who was born on Nov. 30. 1919 (Was born or died) (Date of event)
in Potlatch Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Edward Baker	John Edwin Baker

Subscribed and sworn to before me this 29th
day of October, 1941

Notary Public, residing at Turlock Cal
My commission expires My Commission Expires Feby. 19, 1943
[SEAL]

Signed Mrs Jewel Baker Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P.O. Box 95 Delhi, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719403 029-532

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 75349

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Donald. Eugene. Garber.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	✓		✓	yes.	Dec. 3 1917

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Orville. Garber.	FULL MAIDEN NAME Anna Elsie.
RESIDENCE Potlatch.	RESIDENCE Potlatch.
COLOR White. AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Tennessee	BIRTHPLACE Nebraska.
OCCUPATION Bookkeeper.	OCCUPATION Housewife.

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 12 10 A. M. on the date above stated.

(Signature) Dr. J. W. Thompson M.D.

(Physician or midwife)

Address Potlatch.

Filed Dec. 31 1919. Dr. J. W. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

2/28/41 L. B.

465-113-029-283

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Pottatch

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 75350

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD Franjesco - Mondana.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male -	✓		✓	yes.	Dec. 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mondana.	FULL MAIDEN NAME	Katherina Sylvestre
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	white.	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	27.
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 = 15 A.M. on the date above stated.

(Signature) Dr J. W. Thompson.

M.D.
(Physician or midwife)

Address Pottatch Idaho

Filed Dec 29 1919. Dr. J. W. Thompson
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City or Town of Onaway

693-225-029-249

Registration Dist. No. 65

BUREAU OF VITAL STA[redacted]

CERTIFICATE OF BIR[redacted]

IDAHO

Registered No. 2165

75351

(No. ....., ... St.; ..... Ward)

FULL NAME OF CHILD Elva Anna Wilson

{If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Dec (Month) 25 (Day), 1919 (Year)

FATHER		MOTHER	
Full Name	Frank Ellis Wilson	Full Maiden Name	Audery May Burr
Residence	Onaway	Residence	Onaway
Color	White	Color	White
Age at last Birthday	46 (Years)	Age at last Birthday	30 (Years)
Birthplace (State or Country)	Ill.	Birthplace (State or Country)	Idaho
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 4th

Number of children, this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was {born alive / ~~stillborn~~} † and that it occurred on Dec 25, 1919, at 12-35 P M.

{* When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

(Signature) W. S. Dartt

M D

(Physician or Midwife)

Give name added from a supplemental report.....

Address Palouse Wash

Registrar.

Filed Dec 29, 1919. [signature] Registrar.

† Indicate which by drawing line through superfluous word.

PLACE OF BIRTH

County of [illegible]

City or Town of [illegible]

Registration Dist. No. [illegible] No. [illegible] Ward [illegible]

FULL NAME OF C[illegible]

BUREAU OF VITAL [illegible]

CERTIFICATE OF BIRTH

Registered No. [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-116-029-381

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 75352

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD Elmer Enda.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	✓		✓	yes.	Dec 16 1914

FATHER		MOTHER	
FULL NAME	Joe. G. Enda.	FULL MAIDEN NAME	Catherine Chuska.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	42.	AGE AT LAST BIRTHDAY (Years)	40.
BIRTHPLACE	Minnesota.	BIRTHPLACE	Wis.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11 P M. on the date above stated.

(Signature) Dr. Jos. Thompson

(Physician or midwife)

Address Potlatch Idaho

Filed Dec 31 1914

Dr. Jos. Thompson
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO. 38071

PLACE OF BIRTH

County of 693-207-029-466

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

Registration District No. 66 File No. 75353

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Rosanna Margeret Willis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Dec. 7th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy J. Willis	FULL MAIDEN NAME	Rosanna Moore
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Lumber piler	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 mi Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst S Stein MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Palouse Wash.

Filed Dec. 31st 1919 D. J. W. Thompson
Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1942

154-224-042-462

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 38

Primary Registration District No. 2086

File No. 75354

Registered No. _____

FULL NAME OF CHILD Mabel I. Andrews

Sex of Child: Female

Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth: 12 (Month) - 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	W. G. Andrews	FULL MAIDEN NAME	Martha M. Dobbs
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 12

Number of children of this mother now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. Dec. 24, 1919 (Born alive or stillborn) at 12 45 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

Filer, Ida. (Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12-24 1919 Dr. A. A. Newberry Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 0 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 6 12 47 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Yakima } ss.

Certificate No. 75354

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Andrews (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 24, 1919 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mabel Irene Andrews

Subscribed and sworn to before me this 25th day of November 19 74

Madelyn M. Brassey
Notary Public, residing at Yakima
My commission expires 9-20-78
(Seal)

Signed Dola Gimlin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Box 2330, Wapato, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash.
County of Yakima } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of November 19 74

Madelyn M. Brassey
Notary Public, residing at Yakima
My commission expires 9-20-78
(Seal)

Signed Dola Gimlin
(Signature of Any Credible Person)

Rt 2 Box 2330, Wapato, Wash.
(Street Address, City, State)

FORM DH 60-155

CL 9/20/74 lbc.pd. rec. # 16232

XXXX

Letter from St. Elizabeth Hosp. Yakima, Wash gives name s Miss Mabel I. Andrews was a patien from 11-06-37 to 11-15-37. was 18 yrs old at that time. signed by Jean V. Lamson, M.R.T. viewed by V. S.

JAN 29 1975

Social Security Earnings record gives name as Mabel Irean Andrews/ born Dec. 24, 1919. SS # 538-09-0381 record for 1937. viewed by V. S.

819-127-042-769

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

Registration District No. 38

File No. 75355

Primary Registration District No. 2086

Registered No. _____

FULL NAME OF CHILD Dean Hackert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 - 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Virgil Hackert	FULL MAIDEN NAME	Minnie Gorse
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec. 27, 1919 at 6:25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry
Filer, Ida.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Address _____

Filed 12-27 1919 Dr. A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869-127-010-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 75857

Registered No. 297

FULL NAME OF CHILD John Newman Horkley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 27 1919

FATHER		MOTHER	
FULL NAME	Joe Horkley	FULL MAIDEN NAME	Amelia Newman
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Eng.	BIRTHPLACE	Pesa Ct.
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Lodenquist

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Registrar

Filed Dec 31 1919 [signature]

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 75-257
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for John Newman Horkley (Name on original certificate) who was born (Was born or died) on Dec. 27, 1919 (Date of event)
in Idaho Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name Horkley	John Newman Horkley

Subscribed and sworn to before me this 28th day of July, 1941.

Notary Public, residing at Boise, Ida.

My commission expires Oct 16, 1941

[SEAL]

Signed Mrs V. L. Nolen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

2408 Bannock Boise, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

DEC 12 1950

291-126-010-859

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 75358

Registered No. 216

FULL NAME OF CHILD ..... MAX DURRELL BRANDT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 26 1919

FATHER	MOTHER
FULL NAME D. Brandt	FULL MAIDEN NAME Ruth Ellen Herbst
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Salina Ut.	BIRTHPLACE Iona Ida.
OCCUPATION Grocer	OCCUPATION Nurse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 1/2 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Lodergaard MD
(Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 31 19 19 A Hammond Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 75358

State of ..... } ss.
County of .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Dad Durrell Brandt (Name on original certificate) who Born (Was born or died) on Dec. 26-1920 (Date of event)
in Idaho Falls Idaho (Place of event) were omitted; and that, to the best of his knowledge, the
true facts as shown by Registration (Baptismal record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Brandt	Max Durrell Brandt

Subscribed and sworn to before me this 13th
day of November, 1941

Notary Public, residing at Shelley, Idaho

My commission expires 9-23-44

[SEAL]

Signed Durrell Brandt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on Nov 14 1941 By .....
(Registrar's signature)

JUL 10 1941

FEB 23 1966

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

4152 / 113.010-314

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 75359

Primary Registration District No. 2150 Registered No. 295

FULL NAME OF CHILD Dexter Arthur David

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 13 1919

FATHER		MOTHER	
FULL NAME	Arthur F. David	FULL MAIDEN NAME	Edna Campbell
RESIDENCE	Lake View Mont	RESIDENCE	Lake View Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida.

Filed Dec 30 1919 Wm Kennard

Registrar

Registrar

SEP 1 8 1941

NOV 25 1993

942-112-010-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 75360

No. ..... St.

Primary Registration District No. 2110

Registered No. 294

Hospital Spencer

FULL NAME OF CHILD William Asa Russell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Leo Russell	FULL MAIDEN NAME	Roberta Boatman
RESIDENCE	Hillsville Montana	RESIDENCE	Hillsville Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Hillsville Mont	BIRTHPLACE	Dillon Montana
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kimmard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed Dec 30 1919 Wm Kimmard

Registrar

Registrar

655127.010-154

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 75361

Primary Registration District No. 2140 Registered No. 273

FULL NAME OF CHILD FREDRICK LEROY WEEKS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	11-27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. L. Weeks	FULL MAIDEN NAME	Mable Anderson
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Lyman Ida	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls Ida

Filed Dec 23 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 75361

Date Filed APR

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for _____ (Name on Original Certificate) who born (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Weeks	Fredrick Leroy Weeks

Subscribed and sworn to before me this 10th day of April, 19 42.

Lorene C. Frazier
Notary Public, residing at Twin Falls, Idaho

My commission expires June 9 1945
(Seal)

Signed Melton Anderson (Foster Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

232 Polk St. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 19 42.

Lorene C. Frazier
Notary Public, residing at Twin Falls, Idaho

My commission expires June 9, 1945
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

137 Buchanan St. Twin Falls, Idaho
(Street Address, City, State)

APR 15 1942

391-228-010-389

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 75362

No. ..... St.

Primary Registration District No. 2147 Registered No. 272

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	11-28-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Craven	FULL MAIDEN NAME	Jennie Christansen
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Yorkshire England	BIRTHPLACE	Hyde Park Utah.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7. a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address [illegible]

Filed Dec 23 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-209-010-818

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 75363

Primary Registration District No. 2100 Registered No. 291

FULL NAME OF CHILD Josephine Homer

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	1st	Yes	Nov. 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. R. Homer	FULL MAIDEN NAME	Delva Haycock
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Clarkston Vt.	BIRTHPLACE	Rudy Ida
OCCUPATION	Bank, Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph T. Merrill

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Dec 17 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 55-211-010-391

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 75364

Primary Registration District No. 2120 Registered No. 290

FULL NAME OF CHILD Emma Jane Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	8	yes	Dec 11 1919

FATHER		MOTHER	
FULL NAME	Orin Ward Lee	FULL MAIDEN NAME	Lydia Tracey
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 11, 1919 12-45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed 12/13 1919 [signature]
Registrar

Registrar

MAY 2 1 1942

238-130-010-414

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Sun Valley Registration District No. 73 File No. 75365

No. ..... St. Primary Registration District No. 210 Registered No. 249

Hospital .....

FULL NAME OF CHILD Albert Schultz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	No	1	Yes	Sept 30 1929

FATHER	MOTHER
FULL NAME Adolph Schultz	FULL MAIDEN NAME Louisa Maerty
RESIDENCE Sun Valley Idaho	RESIDENCE Sun Valley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Russia	BIRTHPLACE Russia
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:9 M., on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T. Price

Physician (Physician or midwife)

Address Ketchum Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/13 1929 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Amended 11-5-56

962.224.010 563

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ____ St.

Registration District No. 73 File No. 75366

Hospital ____ Primary Registration District No. 2150 Registered No. 288

FULL NAME OF CHILD CALLIE LORETTA ROSE
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Nov. 21, 1919

What bacteriecidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Demott Rose	FULL MAIDEN NAME: Doretta Nothohm
RESIDENCE: Milo	RESIDENCE: Milo
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) A. M. Palmer

Physician
(Physician or midwife)

Address Rigby, Idaho

Filed 12-12-19 192.. Wm. Krumd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 22 956

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 75366

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Missing (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1919 (Date of Event)
in Milo (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 24, 1919 ; are:
Marriage license Feb. 24, 1941 Viewed by Vital Statistics (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Missing	Callie Loretta Rose
birthdate	Nov. 27, 1919	Nov. 24, 1919

Subscribed and sworn to before me this 19th day of October 1956

Notary Public, residing at Walker Linn County Ia.
My commission expires July 4, 1957
(Seal)

Signed DeMott Rose
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Center Point Iowa Rt #2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa } ss.
County of Linn }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of October 1956

Notary Public, residing at Walker Linn County Ia.
My commission expires July 4, 1957
(Seal)

Signed Loretta Ross
(Signature of Any Credible Person)
Center Point Iowa Rt #2
(Street Address, City, State)

FORM DPH 55. 155

1 copy pd.

671-116010-354

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73 File No. 75368

Primary Registration District No. 2170 Registered No. 246

FULL NAME OF CHILD YOSHINORI OGAWA

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7-16-1919

FATHER		MOTHER	
FULL NAME	Sakichi Ogawa	FULL MAIDEN NAME	Yoshiye Kimura
RESIDENCE	Ammon Idaho	RESIDENCE	Ammon Idaho
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kumamoto Japan	BIRTHPLACE	Kumamoto Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wellson M.D. (Physician or midwife)

Given names added from a supplemental report.

1ST copy issued 2/27/41 19

2nd and 3rd copies issued 11/10/41

4th photostat copy 12/16/41

Address Idaho Falls Ida.

Filed 12/11 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

cc 2/27/41 rmf

JAN 22 1975

DEC 16 1941

253-22V1010-593

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 73 File No. 75369

Primary Registration District No. 2110 Registered No. 2[illegible]

FULL NAME OF CHILD Madeline Keller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5 (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Elias Keller	FULL MAIDEN NAME	Jane Amy Villet
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mink Creek - Idaho	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Wellborn M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed 12/11 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11 0—20m-8-47

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 17 1965

MAR 13 1968

Mr. William

5-56 111 010-547

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 74 5th St.

Registration District No. 73 File No. 75370

Primary Registration District No. 211 P Registered No. 244

Hospital General

FULL NAME OF CHILD Oscar Eugene Newman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	May 11 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nels Newman	Francella Empey
RESIDENCE	Idaho Falls, Idaho	Idaho Falls
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	32	20
BIRTHPLACE	Rigby Idaho	Lehi Utah
OCCUPATION	Insurance Agent	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Welton M. D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed 12/11 1919

Registrar

Mr Wilson

619-212-010-392

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 75371

No. ..... St.

Primary Registration District No. 2100

Registered No. 263

Hospital General

FULL NAME OF CHILD Charlotte Farr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	Yes	April 12 1919

FATHER		MOTHER	
FULL NAME	Leroy Farr	FULL MAIDEN NAME	Beatrice Pike
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Candy Manufacturer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Wilson

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed 12/11 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

M Willson

685724-010-219

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

Registration District No. 73

Primary Registration District No. 2150

File No. 75372

Registered No. 242

FULL NAME OF CHILD Paul Edwin Whelan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	4	Yes	Sept 24 1919

FATHER		MOTHER	
FULL NAME	Edwin W. Whelan	FULL MAIDEN NAME	May Bare
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Canton, Ohio.	BIRTHPLACE	Mt. Hope, Wash.
OCCUPATION	Plastering Contracter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Hibbs M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Idaho Falls Ida.

Filed 12/11 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413127.010.154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 75373

No. ..... St.

Primary Registration District No. 2140

Registered No. 241

Hospital General

FULL NAME OF CHILD Donald Alonzo Mace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	single	yes.	Nov. 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold Alonzo Mace	FULL MAIDEN NAME	Amelia Katherine Anderson
RESIDENCE	Idaho Falls, Idaho.	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Shenandoah, Iowa.	BIRTHPLACE	Copenhagen, Denmark,
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry T. Willson M. D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sucht Lakes Idaho

Registrar

Filed Dec 31 1919 [illegible]

Registrar

AUG 25 1958

238-707-010-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 75374

No. ..... St.

Primary Registration District No. 2100

Registered No. 2[illegible]

Hospital General

FULL NAME OF CHILD Weston George Schwarze

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George F. Schwarze	FULL MAIDEN NAME	Lillian Wilhelmina Kienker
RESIDENCE	Rigby R#2	RESIDENCE	Rigby R#2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Hoberg Miss	BIRTHPLACE	Holstein Miss
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 7/19, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Badenquist

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho.

Filed Dec 11 1919 [illegible]

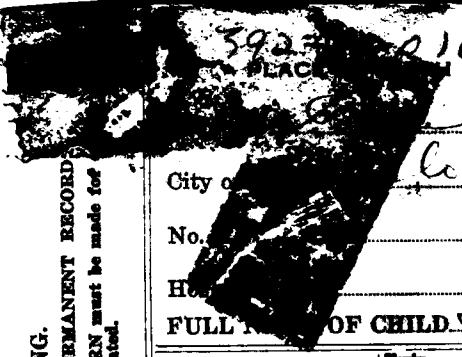
Registrar

Registrar

MAY 1 8 1943

OCT 7 1968

JAN 1 4 1976



Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75375

City or [redacted] Registration District No. 19 File No.

No. [redacted] St. Primary Registration District No. 2015 Registered No. 226

Ho[redacted]

FULL NAME OF CHILD Francis James Lisk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Dec	11	1919

FATHER

FULL NAME Thomas Ruby Lisk

RESIDENCE Declo Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Stella Flynn

RESIDENCE Declo Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Wyoming

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A.M. on the date above stated.

(Signature) E. P. Groom

M. D.
(Physician or midwife)

Address Rupert Idaho

Filed Dec 12 1919 E. H. Elmore
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

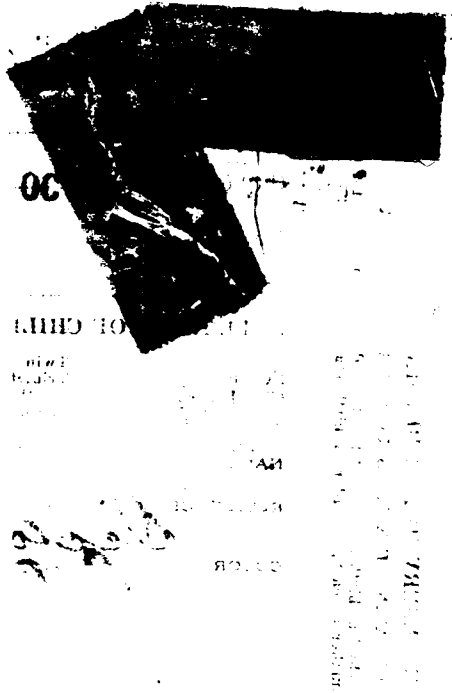
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

APR 8 1942



Form V. S. No. 11-C—25m-7-21-19

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. 695-215-036-V66 St.

Registration District No. 14 File No. 75376

Primary Registration District No. 2005 Registered No. 227

Hospital

FULL NAME OF CHILD WILMA GRACE French

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 15 1919

FATHER		MOTHER	
FULL NAME	Paul A. French	FULL MAIDEN NAME	Dilmon Moore
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11 P. M. (Born alive or stillborn) on the date above stated.

(Signature) C. P. Graves M. D.
(Physician or midwife)

Address Rupert Idaho

Filed Dec 20 1919 C. H. Thomas
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 75376

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Dale French, (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 15, 1919. (DATE OF EVENT) in Rupert, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Not shown: but was prepared within 6 mts. of (GIVE DATE) birth. are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Dale French	Wilma Grace French

Subscribed and sworn to before me this 27 day of April, 19 42.

[signature]
Notary Public, residing at Rupert, Idaho.

My commission expires Feb 20-1946
(SEAL)

Signed Paul A. French, Father.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

902 "H" St. Rupert, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of April, 19 42.

[signature]
Notary Public, residing at Rupert Ida
My commission expires Feb 20-1946
(SEAL)

Signed [signature]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1019 K St. Rupert, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 28 1942 By
(REGISTRAR'S SIGNATURE)

APR 29 1942

JUN 10 1971

464-219 1034-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 75377

No. ..... St.

Primary Registration District No. 2015 Registered No. 228

Hospital .....

FULL NAME OF CHILD Wilma Grace Maurer

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Daniel F. Maurer	FULL MAIDEN NAME	Sarah E. Sainsbury
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Idaho

Filed Dec 20 1919 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-121-03K-294

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 75378

Primary Registration District No. 2015 Registered No. 229

FULL NAME OF CHILD William Garold Poindexter

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 21 19 17

FATHER

FULL NAME Wm N Poindexter

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE MO.

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Myrtle Brewer

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE MO.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. m. on the date above stated.

(Signature) C. P. Groom M.D.

(Physician or midwife)

Address Rupert Idaho

Filed Dec 19 17

E. H. Elmore
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

DEC 30 1941

363225 [redacted]
PLACE
016957 [redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Declo.

Registration District No. 19 File No. 75379

No. ..... St.

Primary Registration District No. 2015 Registered No. 230

Hospital .....

FULL NAME OF CHILD Florence Bessie Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Cole	FULL MAIDEN NAME	Irene Ingram
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheep Herder	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Idaho.

Filed Dec 1919 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1943

[redacted]

DECEASED

419-222

PLACE OF BIRTH

034-459

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19 File No. 75380

No. ..... St.

Primary Registration District No. 2015 Registered No. 231

Hospital .....

FULL NAME OF CHILD Dorothy Lee Dorr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence A. Dorr	FULL MAIDEN NAME	Margaret Meinem
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Nebraska
OCCUPATION	Garage Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rupert Idaho

Filed Dec 22 1919 E. A. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1943

713/30-03K-813

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 75383

Primary Registration District No. 2013 Registered No. 236

FULL NAME OF CHILD .... Lawrence Patchett

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	12 30 1929

FATHER		MOTHER	
FULL NAME	James Patchett	FULL MAIDEN NAME	Lois Stall
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J B Ramage

Physician

(Physician or midwife)

Address Rupert

Filed Dec 30 1929 E H Edwards Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 3 1943

699-204-016-699

PLACE OF BIRTH

[redacted]E OF IDAHO
[redacted]VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Cassia

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 75384

Registered No. 235

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	12 (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Bert Orr	FULL MAIDEN NAME	Agnes Wright
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

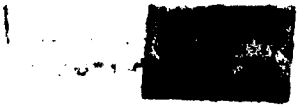
Address Rupert

Filed Dec. 30 1919 E H Elmore

Registrar Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



312-225-074-613

[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 75385

Primary Registration District No. 2015 Registered No. 234

FULL NAME OF CHILD Leah Lorraine Cash

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert M. Cash	FULL MAIDEN NAME	Alma Elizabeth Waldrif
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Idaho

Filed Dec. 28 1919 Ett Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1945

465109034665

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

75386

County of Minidoka

City of Rupert, R.F.D.

Registration District No. 19

File No.

No. St.

Primary Registration District No. 2015

Registered No. 233

Hospital

FULL NAME OF CHILD Mark Owen Moncur

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		yes	Oct. 9 1919

FATHER		MOTHER	
FULL NAME	Charles Moncur	FULL MAIDEN NAME	Laura Owen
RESIDENCE	R.F.D. Rupert, Ida.	RESIDENCE	Rupert, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.

19

Filed Dec. 30 1919 Ett Elmore Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/20/41 L. B.

266-218-005-163

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]S
CERTIFICATE OF BIRTH

[redacted]orm-V. S. No. 11-C—25m-1-1-18

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Registration District No. 46

File No. 75387

Primary Registration District No. 2123

Registered No. 83

FULL NAME OF CHILD Fay Marietta Bowmer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Dec 18th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Royal Ellsworth Bowmer	FULL MAIDEN NAME	Florence Fay Jolly
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Rapid City, So Dakota	BIRTHPLACE	Rapid City, So Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth (4) Four. Number of children of this mother now living, including present birth (4) Four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11:05 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Herrington, D.C.
Accoucheur
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho

Filed Dec 27 1919 H. L. Jaeger
Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

451-131-007-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [redacted] C--25m-7-21-19

CERTIFICATE OF BIRTH 75388

County of Bannock

City of Pocatello Registration District No. 84 File No. 55

No. 340 St.

Hospital NO Primary Registration District No. 216 Registered No. 2934

FULL NAME OF CHILD not named Thornton Junior Dean

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Dec 31 1919

FATHER	MOTHER
FULL NAME William Thornton Dean	FULL MAIDEN NAME Louie Thomas.
RESIDENCE 425 So 5th	RESIDENCE 425 So 5th
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Kansas.	BIRTHPLACE Idaho.
OCCUPATION Lumber Man	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:20 9. m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) D. H. Lyman M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed Dec 31 1919 J. P. Steed

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1970

FEB 25 1953

6121

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75389

County of Bannock

City of Pocatello

No. 328 No. Lincoln St.

Registration District No. 84

File No. 54

Primary Registration District No. 2161

Registered No. 2905

Hospital No

FULL NAME OF CHILD Harold Clarence Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy.	One	2nd	Yes	Oct 6th 19

FATHER		MOTHER	
FULL NAME	Clarence Leroy Watson	FULL MAIDEN NAME	Ida Baugh
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Basalt Idaho	BIRTHPLACE	Menan Idaho
OCCUPATION	Chief Clerk O.S.L. Yards	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Idaho

Filed Dec 11 19 19

J B Greely Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

[redacted]

FEB 9 1943

APR 12 1963

796-221-003-369

Form V. S. No. 11-C-28m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75390

County of Bannock

City of Pocatello

No. 456 So. Main St.

Hospital Home

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2906

FULL NAME OF CHILD Teresa Donata Groos

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Groos	FULL MAIDEN NAME	Amelia Coia
RESIDENCE	456 So. Main	RESIDENCE	456 So. Main St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 905 So. Main So.

Filed Dec 15, 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

dup of 1919-D74-358

67-126:007-671

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75391

County of Bannock

City of 5 miles N.W. Pocatello — Registration District No. 84 — File No. 54

No. Ranch St. — Primary Registration District No. 2161 — Registered No. 2907

Hospital Home

FULL NAME OF CHILD Shizero Ogawa

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 26 1919

FATHER	MOTHER
FULL NAME Tomasaburo Ogawa	FULL MAIDEN NAME Ichi Ogawa
RESIDENCE Ranch 5 miles N.W. Pocatello	RESIDENCE Ranch, 5 miles N.W. Pocatello
COLOR Japanese — AGE AT LAST BIRTHDAY 42 (Years)	COLOR Japanese — AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farming	OCCUPATION Housekeeping

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs. Ann M. Bird

Midwife
(Physician or midwife)

Address 905 So. Main St.

Filed Dec 15, 1919 [illegible] Registrar

DUP OF 19-301220

168-203-007-219

[redacted]

PLACE OF BIRTH

75392

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida.

Registration District No. 84 File No. 54

No. 920 West Custer St.

Primary Registration District No. 2161 Registered No. 2908

Hospital No

FULL NAME OF CHILD Mildred Johnson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Girl	One		Yes	Dec. 3rd 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Robert Johnson	FULL MAIDEN NAME	Belle Barnes
RESIDENCE	920 W Custer St	RESIDENCE	920 West Custer St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	London Middlesex Co. England	BIRTHPLACE	St. Catherines Ontario Canada
OCCUPATION	Caboose supply man	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 40/11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Baugh, M.D. (Physician or Midwife)

Given names added from a supplemental report

Address 942 W Fremont St.

Filed Dec 11 1919 P. B. Steely Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MAY 25 1970

795-206-003-419

PLACE OF BIRTH

Form V. S. No. 11-C—35m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75393

County of Bannock

City of Pocatello — Registration District No. 84 — File No. 54

No. 344 N. Grant St. — Primary Registration District No. 2161 — Registered No. 2909

Hospital

FULL NAME OF CHILD Helen Jane Pierpoint

10.30 P.M.

Sex of Child F. | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 12. (Month) 6. (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Warren J. Pierpoint	FULL MAIDEN NAME Jane Morton.
RESIDENCE 344 No Grant.	RESIDENCE 344 N. Grant.
COLOR White. AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Scotland
OCCUPATION Expressman	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) J. H. Lynn.
(Physician or midwife)

Address Pocatello Idaho

Filed Dec 11, 1919 O. P. Steele
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1976

FEB 3 1981

214-206-003-655

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75394

County of Bannock

City of Pocatello — Registration District No. 84 — File No. 54

No. ..... St. — Primary Registration District No. 2161 — Registered No. 2910

Hospital Pocatello General

FULL NAME OF CHILD Mildred Kauffman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Kauffman	FULL MAIDEN NAME	Emice Fenton
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White — AGE AT LAST BIRTHDAY 38 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Colorado
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Dec 16 1919 O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1949

142-509-003-294

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

75395

County of Bannock

City of Pocatello

Registration District No. 84 File No. 54

No. 906 So 2 ave St.

Primary Registration District No. 2461 Registered No. 2911

Hospital No

FULL NAME OF CHILD George Robert Austin

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Dec 9 1919

FATHER		MOTHER	
FULL NAME	Robert Moffett Austin	FULL MAIDEN NAME	Sarah Simpson
RESIDENCE	906 So 2nd ave	RESIDENCE	906 So 2nd ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Trenton Utah	BIRTHPLACE	Clarkston Utah
OCCUPATION	Works in Round house	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.55 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Baugh

Physician (Physician or Midwife)

Given names added from a supplemental report

Address 942 W Fremont St

..... 19....

Filed Dec 13 1919 P B Steely

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-209.003-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75396

County of Bannock

City of Pocatello

No. 547 N. 6th Ave

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2912

Hospital Home

FULL NAME OF CHILD Olive Mae Burns

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John William Burns	FULL MAIDEN NAME	Edith Bartlett
RESIDENCE	547 N. 6th Ave.	RESIDENCE	547 N. 6th Ave.
COLOR	Indian ~~White~~	COLOR	~~White~~ Indian
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Briggs, Idaho	BIRTHPLACE	Centerville, Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 705 So. Main St.

Filed Dec 15, 1919 O B Steele
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

185·104·003-293

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 253 N Johnson St.

Hospital Poca General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75397

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2913

FULL NAME OF CHILD Vincent Raymond Ayers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
14		Yes	Oct 4 1919

FATHER		MOTHER	
FULL NAME	Ray Ayers	FULL MAIDEN NAME	Helen Riley
RESIDENCE	253 N. Johnson	RESIDENCE	253 N. Johnson
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	New York	BIRTHPLACE	New York
OCCUPATION	Boilermaker Helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello

19

Filed Dec 20 1919 P B Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1969

MAY 8 1968

962-108-003-652

Form V. S. No. 11-C—2Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75398

County of Bannock

City of Pocatello

Registration District No. 84 File No. 54

No. ..... St.

Primary Registration District No. 2161 Registered No. 2914

Hospital General

FULL NAME OF CHILD Cecil Alvin Robertson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 8 1919

FATHER		MOTHER	
FULL NAME	Chauncey L. Robertson	FULL MAIDEN NAME	Myrtle West
RESIDENCE	Chesterfield, Ida	RESIDENCE	Chesterfield, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. J. Smith
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Filed Dec 20 1919 O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-202-003-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75399

County of Bannock

City of Pocatello, Idaho

No. 328 U Arthur St.

Registration District No. 84

File No. 54

Primary Registration District No. 2161

Registered No. 2915

Hospital

FULL NAME OF CHILD Hazel Parry

Sex of Child	~~Twin~~ ~~Triplet~~ or other? Single and Number in order of birth	Legitimate?	Date of Birth
Female	3rd (To be answered only in event of plural births)	yes	Dec 2nd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas E Parry	FULL MAIDEN NAME	Mary E Haeglar
RESIDENCE	328 U Arthur Pocatello	RESIDENCE	328 U Arthur Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Tenn.
OCCUPATION	Laborer OS&L RR.	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 2 1919 (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Miller MD

404-406 Kane Bldg.

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Ida

19

Registrar

Filed Dec 27 1919 O B Steele

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

369-116-003-231

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75400

County of Bannock

City of Pocatello

No. 1453 No. Hays St.

Hospital

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2916

FULL NAME OF CHILD Albert Jackson Torres

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	one			yes	December 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pablo Torres	FULL MAIDEN NAME	Rose Alice Stamps
RESIDENCE	1020 No. Lincoln Ave	RESIDENCE	1020 No. Lincoln Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Muskogee, Okla.
OCCUPATION	Car Repairer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles H. Sprague M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 209 Kane Bldg. Pocatello

Filed 12-27 1919 O B Steely
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

City of Pocatello Registration District No. 84 File No. 54

No. ..... St. Primary Registration District No. 2161 Registered No. 2917

Hospital St. Anthony

FULL NAME OF CHILD ..... Alta Louise Kibbe .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. G. Kibbe	Zelpha Roberts
RESIDENCE	Pocatello	Pocatello
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 28	White / 28
BIRTHPLACE	Kansas	Illinois
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John J. Rapp M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed Dec 29 1919 O B Lewis Registrar

[redacted]

Form V. S. No. [illegible]

75401

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH [illegible]

County of .....

File No. .....

Registered No. .....

1-6-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 18 2 24 PM '82

State of _____ } ss.
County of _____

Certificate No. 75401
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Kibbe (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-15-19 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	unnamed	Alta Louise Kibbe

Subscribed and sworn to before me this 11 day of
Jan., 1982

Notary Public Diana D Douglas
Residing at 3914 N Oliver
My commission expires Oct 5 1983
(Seal)

x Alta Louise Kibbe
Signature of Applicant Wolgerson
1231 st Andrews
Street Address, City, State
Wichita Kans 67206

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Petition for Final Settlement of Will for Richard A Kibbe who died 12-13-51 states he had a daughter of legal age by the name of Alta Louise Holgerson of Wichita Kansas. Wifes name listed as Zelpha R Kibbe. Viewed by V.S.

Funeral Notice in newspaper gives Zelpha Kibbe age 72 born 4-13-87 died at local hospital. Survivors lists Mrs. Alta Louise Holgerson as daughter. Viewed by V.S.

465-122 (007) 374

Form V. S. No. 11-G-[illegible]

75402

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 84 File No. 54

No. ..... St. Primary Registration District No. 2161 Registered No. 2918

Hospital Pocatello General

FULL NAME OF CHILD No Name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas F. Donicht	FULL MAIDEN NAME	Eloise M. Campbell
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	New York
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Dec 29 1919 O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-229-003-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75403

County of Bannock

City of Pocatello

No. 530 N. Grant St.

Hospital

Registration District No. 84 File No. 54

Primary Registration District No. 2161 Registered No. 2919

FULL NAME OF CHILD Elberta Iris Hutchinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elbert J. Hutchinson	FULL MAIDEN NAME	Ruby L. Smith
RESIDENCE	530 N. Grant Pocatello	RESIDENCE	530 N. Grant Pocatello
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Florida	BIRTHPLACE	Colorado
OCCUPATION	Laborer on O.S. & L. R.R.	OCCUPATION	House keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. M. on the date above stated.
(Born alive or stillborn) Dec. 29/19

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Miller M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address 174 Pocatello Ida.

19

Registrar

Filed Dec 29 1919 P. B. Steel Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1954

843-213-003-669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75404

County of Bannock.

City of Pocatello.

Registration District No. 64 File No. 54

No. 650 N. Seventh St.

Hospital St. Anthony's. Primary Registration District No. 2161 Registered No. 2920

FULL NAME OF CHILD Ella Louise Hulihan.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Yes.	December 13 1919

FATHER	MOTHER
FULL NAME Thomas Charles Hulihan	FULL MAIDEN NAME Minnie Mae Ford.
RESIDENCE 740 N. Garfield Ave. Pocatello, Idaho	RESIDENCE 740 N. Garfield Ave. Pocatello, Idaho.
COLOR White. AGE AT LAST BIRTHDAY 23 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Salem, Ohio.	BIRTHPLACE Richmond, Virginia.
OCCUPATION Telegrapher.	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:55 P. M. on the date above stated.

(Signature) W. H. Wright

(Physician or midwife)

Address Pocatello Idaho

Filed Dec 31, 1919 O. B. Reed Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1973

719-218-003-253

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75406

County of Bannock

City of Mc Cammon

Registration District No. 84 File No. 54

No. ..... St.

Primary Registration District No. 2161 Registered No. 2922

Hospital .....

FULL NAME OF CHILD Enid Faye Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	11 18 1919

FATHER		MOTHER	
FULL NAME	Eddie Parker	FULL MAIDEN NAME	Pearl Kelley
RESIDENCE	Aberdeen, Washington	RESIDENCE	Aberdeen Washington.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Salina, Utah.
OCCUPATION	Labour Ex-Soldier	OCCUPATION	House Wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Hartwigsen, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Downey, Idaho.

Filed Dec 31 1919 O. B. Steely
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-218-003-869

Form V. S. No. 11-O—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75407

County of Bannock

City of Pocatello

Registration District No. 84 File No. 54

No. ..... St.

Primary Registration District No. 2161 Registered No. 2923

Hospital General Hospital

FULL NAME OF CHILD (not named)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		No	12 18 1919

FATHER		MOTHER	
FULL NAME	Fred Manning	FULL MAIDEN NAME	Agnes Marie Horne
RESIDENCE	Blue Creek, Utah.	RESIDENCE	Blue Creek, Utah.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ogden	BIRTHPLACE	Brigham City Utah.
OCCUPATION	Farmer	OCCUPATION	Clerk in store.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Active (Born alive or stillborn) at 11 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Dec 31 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-218-003-248

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75408

County of Bannock

City of Pocatello

Registration District No. 84

File No. 55

No. 848 No. 9th. Ave. St.

Primary Registration District No. 2161

Registered No. 2924

Hospital

FULL NAME OF CHILD Darthy Elizabeth Parris

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	yes	Dec. (Month) 18 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mike Parris	FULL MAIDEN NAME	Georgia Geniveeve Kuhn
RESIDENCE	848 N.9th.Ave.	RESIDENCE	848 N.9th.AVE.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Kansas City, Kans.
OCCUPATION	steel car repairer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Pocatello, Idaho.

19

Filed Dec 31 1919 O B Steele
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-221-003-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75409

County of Bannock

City of Pocatello

No. 1447 N. Hayes St.

Hospital

Registration District No. 84

File No. 55

Primary Registration District No. 2161

Registered No. 2925

FULL NAME OF CHILD Helen Lenore Grooms

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Dec. 21 9 191

FATHER		MOTHER	
FULL NAME	Frank E. Grooms	FULL MAIDEN NAME	Lula Fowler
RESIDENCE	1447 N. Hayes	RESIDENCE	1447 N. Hayes
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utica, Kansas.	BIRTHPLACE	Caneyville, Kentucky.
OCCUPATION	Drayman	OCCUPATION	Hawf.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello, Idaho.

Filed Dec 31 1919 O. B. Steely
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-221-003-815

Form V. S. No. 11-C--25m-7-21-19

75410

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock.

City of Pocatello.

No. 650 N. Seventh St.

Hospital St. Anthony's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 55

Primary Registration District No. 2161 Registered No. 2926

FULL NAME OF CHILD Elizabeth Mary Cannon.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	December 21 1919

FATHER

FULL NAME: Charles Hugh Cannon.

RESIDENCE: 455 South Johnson St. Pocatello, Idaho.

COLOR: White. AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Pocatello, Idaho.

OCCUPATION: Merchant.

MOTHER

FULL MAIDEN NAME: Bertha Mary Hansen.

RESIDENCE: 455 South Johnson St. Pocatello, Idaho.

COLOR: White. AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Pocatello, Idaho.

OCCUPATION: Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

Registrar

(Signature) W. A. Wright

(Physician or midwife)

Address Pocatello Idaho

Filed Dec 31, 1919 O. B. Steel

Registrar

336227-003-41Y

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75411

County of Bannock.

City of Pocatello.

Registration District No. 84 File No. 55

No. 650 N. Seventh St.

Hospital St. Anthony's

Primary Registration District No. 2161 Registered No. 2927

FULL NAME OF CHILD Margaret Mary Cloonan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	December 27 1919.

FATHER	MOTHER
FULL NAME James Joseph Cloonan.	FULL MAIDEN NAME Della Mary Dougherty.
RESIDENCE 707 N. Arthur Ave. Pocatello, Idaho.	RESIDENCE 707 N. Arthur Ave. Pocatello, Idaho.
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Logan, Utah.	BIRTHPLACE Sharon, Pennsylvania.
OCCUPATION Grocer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:10 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. A. Wright

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Dec 31, 1919 I. B. Steely
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1964

APR 4 1969

714-127-003-964

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 75412
Local Reg. No.
Reg. Dist. No. 84

Amended 7/12/77

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 519 East Bridge St.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Raymond
b. (Middle):
c. (Last): Padilla

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) Dec (Day) 27, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Santiago
b. (Middle):
c. (Last): Padilla

8. AGE (At time of this birth): 28 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): El Paso, Texas
10. USUAL OCCUPATION:
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Soledad
b. (Middle):
c. (Last): Rodriguez

13. AGE (At time of this birth): 21 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): El Paso, Texas
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. J. Baugh
18. ATTENDANT AT BIRTH: M.D. ____ X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: 94 NW Fremont St., Pocatello
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec 31, 1919
22. REGISTRAR'S SIGNATURE: O. B. Steely.
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 3:40 PM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of LOS ANGELES } ss.

Certificate No. 75412

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Raymond Padia (Name on Original Certificate) who was born (Was Born or Died) on Dec 27, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Fact)
child's last name	Padia	Padilla
father's name	James Padia	Santiago Padilla
mother's name as	Chol Rordiges	Soledad Rodriguez

Subscribed and sworn to before me this 11th day of November, 19 76

Signed Tom C. Santistevan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 2505 Via Corona, Montebello, CA 90640
My Commission expires

211 E. Ave. 40, Los Angeles, CA
(Street Address, City, State)

OFFICIAL SEAL
JOE LOVATO
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Jan. 16, 1979

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of LOS ANGELES } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of November, 19 76

Signed Tom C. Santistevan
(Signature of Any Credible Person)

Notary Public, residing at 2505 Via Corona, Montebello, CA 90640
My Commission expires

211 E. Ave. 40, Los Angeles, CA
(Street Address, City, State)

OFFICIAL SEAL
JOE LOVATO
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Jan. 16, 1979

FORM DH 60-155

CL10-27-76

Birthplace of mother and father Elpasso,Texas Elpaso, Texas

Honorable discharge from the U.S. Army gives name as Raymond R. Padilla born Dec 26, 1919 in Pocatello, Idaho. date od separation Jna 10, 1946. viewed by VS

Certif of Live birth from California gives h child's name as Anna Maria Padilla born Oct 19, 1953. father's name as Raymond Padilla and mother's name as Catherine Cedillos. viewed by V. S.

Certif of Death from California gives name as Soledad R. Padilla. born 1895. father's name as Pedro Rodriguez. dated April 29,1972 as date of death. viewed by V. S.

Deed of Reconveyance by Trustee gives names as Santiago M. Padillaand Soledad Padilla. dated Aug 31, 1955. viewe d by V. S.

455-229-003-291

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75413

County of Bannock

City of Pocatello Registration District No. 64 File No. 55

No. Jon Hospital St.

Primary Registration District No. 2161 Registered No. 2929

Hospital

FULL NAME OF CHILD Barbara Lucea Denton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		1	yes	Dec 29 1919

FATHER	MOTHER
FULL NAME Leni Bradley Denton	FULL MAIDEN NAME Lydia Mary Brady
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR white AGE AT LAST BIRTHDAY 46 (Years)	COLOR white AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Langston, Mich.	BIRTHPLACE
OCCUPATION Electrician	OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) O W Bethell

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Dec 31, 1919 O W Bethell

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/28/41. w.h.

295-229-007-699

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75414 ME

County of Bannock

City of Pocatello Registration District No. 84 File No. 55

No. 936 N. Grant St.

Primary Registration District No. 2161 Registered No. 2930

Hospital

FULL NAME OF CHILD Rose Elizabeth Krenzer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Dec 24 1919

FATHER	MOTHER
FULL NAME Conrad Custen Krenzer	FULL MAIDEN NAME Regina Johana Friederick
RESIDENCE 936 N. Grant St Pocatello Idaho	RESIDENCE 936 N. Grant St Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Carlsholz Austria	BIRTHPLACE Louisville Ky.
OCCUPATION Iron Smith	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 0 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec 31, 1919 O. B. Steely

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-129-003-769

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. Portneuf Siding

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

75415

Registration District No. 54 File No. 55

Primary Registration District No. 2161. Registered No. 2931.

FULL NAME OF CHILD Pedro Silva

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec. 29 1919

FATHER	MOTHER
FULL NAME: Maximino Silva	FULL MAIDEN NAME: Marie Porras
RESIDENCE: Portneuf, Idaho.	RESIDENCE: Portneuf Idaho.
COLOR: Mexican	COLOR: Mexican
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Mexico	BIRTHPLACE: Mexico
OCCUPATION: Laborer	OCCUPATION: Hswf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 12 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) W. J. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed Dec 31 19 19 O. B. Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1972

557-130-003-813

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75416

County of Bannock

City of Aramo

Registration District No. 84 File No. 55

No. ..... St.

Primary Registration District No. 2161 Registered No. 2932

Hospital .....

FULL NAME OF CHILD Rex Hatch England

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	11 30 1919

FATHER		MOTHER	
FULL NAME	George W. England	FULL MAIDEN NAME	Martha Jane Hatch
RESIDENCE	Aramo, Idaho	RESIDENCE	Aramo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Orangeville Utah
OCCUPATION	Farmer.	OCCUPATION	Wife.

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartwigsen M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Downey, Idaho

Filed Dec 31 1919 O B Steele
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-230-003-256 name added 3-28-85)

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

75417

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello.

Registration District No. 84 File No. 65

No. 650 N. Seventh St.

Hospital St. Anthony's.

Primary Registration District No. 2161 Registered No. 2933

FULL NAME OF CHILD Alice Virginia Toston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	December 30 1919

FATHER

FULL NAME Frank Daniel Toston.

RESIDENCE Mc Cammon, Idaho - R.F.D. #1

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Meyersburg, Montana

OCCUPATION Stockman.

MOTHER

FULL MAIDEN NAME Mary Agnes Knowles.

RESIDENCE Mc Cammon, Idaho. R.F.D. #1

COLOR White. AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Pocatello, Idaho.

OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

(Signature) W. A. Wright

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Dec. 31, 1919 O. B. Steele Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-12-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 75417
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Toston (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 30, 1919 (Date of Event)
in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Alice Virginia Toston

Subscribed and sworn to before me this 15 day of March, 19 85.
Notary Public, Cathy J. Price
Residing at Kettle Falls
My commission expires 7/88
(Seal)

x Alice Virginia Toston Aldous
Signature of Applicant
x Star Rte - Kettle Falls, Wash 99141
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Certificate of birth for William Charles Aldous born May 26, 1960 in Nevada lists mothers maiden name as Alice Virginia Toston. Viewed by V.S.

MAR 28 1985

Life Ins Policy lists insured as Alice Virginia Toston born Dec 30, 1919. Dated Aug 14, 1944. Viewed by V.S.

793-130-001-692

Form V. S. No. 11-C-[illegible]-7-21-19

[illegible] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

~~No.~~ 1½ mi. N. Eagle

Hospital ——

Registration District No. 9 File No. 75418

Primary Registration District No. Registered No. 2

FULL NAME OF CHILD James Herbert Gilbert

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) - 30 (Day) - 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Gilbert	FULL MAIDEN NAME	Lula E. Fisher
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 50 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, Idaho

Fredric K. Lewers, MD
Registrar

Filed Dec. 31 1919 Fredric K. Lewers, MD
Registrar
Eagle, Idaho

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1943

Form V. S. No. 11-C—25m-8-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [redacted] 452

City of Kootka

Registration District No. 106 File No. 75419

No. ..... St.

Primary Registration District No. 2184 Registered No. 44

Hospital .....

FULL NAME OF CHILD Eleo Elva Pixley

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oren Pixley	FULL MAIDEN NAME	Elizabeth Deschamp
RESIDENCE	Kootka Idaho	RESIDENCE	Kootka Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	N. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:36 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeke MD

(Physician or midwife)

Address Kootka — Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 31 19 19 J. M. Verbeke MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1975

365-229-025-316

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 75420

Primary Registration District No. 2184 Registered No. 4B

FULL NAME OF CHILD Leona Connor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cyrus B. Connor	FULL MAIDEN NAME	Elsie Lawrence
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cyrus B. Connor

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Filed Dec. 31 1919 J. M. Verbeek Kuals
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.